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ABSTRACT

Designed as a guide to accreditation for educational programs in designated health science professions in Canada, this report provides educators with guidelines, general requirements, and requirements for specific programs. Following information on the organization, structure, goals, mission, values, philosophy, and terminology of accreditation of health science programs in Canada, part I provides general requirements and guidelines for educational programs. Guidelines are presented with respect to responsibility for educational program, program committees, program objectives and student evaluation, program structure and delivery, didactic/clinical integration, direction/coordination at program sites, didactic program staff, clinical education, instructor/student ratio, medical input, program records, program policies, educational facilities, recommended number of students, and total program evaluation. Part II provides specific accreditation requirements and guidelines for programs in each of the following health science disciplines: cardiovascular perfusion; cytotechnology; diagnostic ultrasound technology; emergency medical technology (levels I, II, and III); medical laboratory technology; nuclear medicine technology; ophthalmic medical assisting technology; radiation therapy; radiological technology; and respiratory therapy. Part III discusses accreditation procedures, covering categories of accreditation and non-accreditation; the accreditation process; responsibilities of an accredited program site; terms of reference for surveyors; sample applications for accreditation; and sample program assessment. (KP)

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for Educational Programs in Designated Health Science Professions

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Canadian Medical Association

Conjoint Committees for Accreditation

- Cardiovascular Perfusion
- Cytotechnology
- Diagnostic Ultrasound Technology
- Emergency Medical Technology
- Medical Laboratory Technology
- Nuclear Medicine Technology
- Ophthalmic Medical Assisting Technology
- Radiation Therapy
- Radiological Technology
- Respiratory Therapy

Basis of Accreditation

for Educational Programs in Designated Health Science Professions

Cardiovascular Perfusion

Cytotechnology

Diagnostic Ultrasound Technology

Emergency Medical Technology (Levels I, II, III)

Medical Laboratory Technology

Nuclear Medicine Technology

Ophthalmic Medical Assisting Technology

Radiation Therapy

Radiological Technology

Respiratory Therapy

The *Basis of Accreditation* is developed by the Conjoint Committees for Accreditation and the Committee on Conjoint Accreditation

June 1994
Effective January 1995

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Basis of Accreditation Terminology

The terminology used in an educational program need not correspond exactly to the terminology used in the Basis of Accreditation, however, the equivalent program components must be in place to fulfill the functions specified in the Basis of Accreditation.

(*) indicates revision

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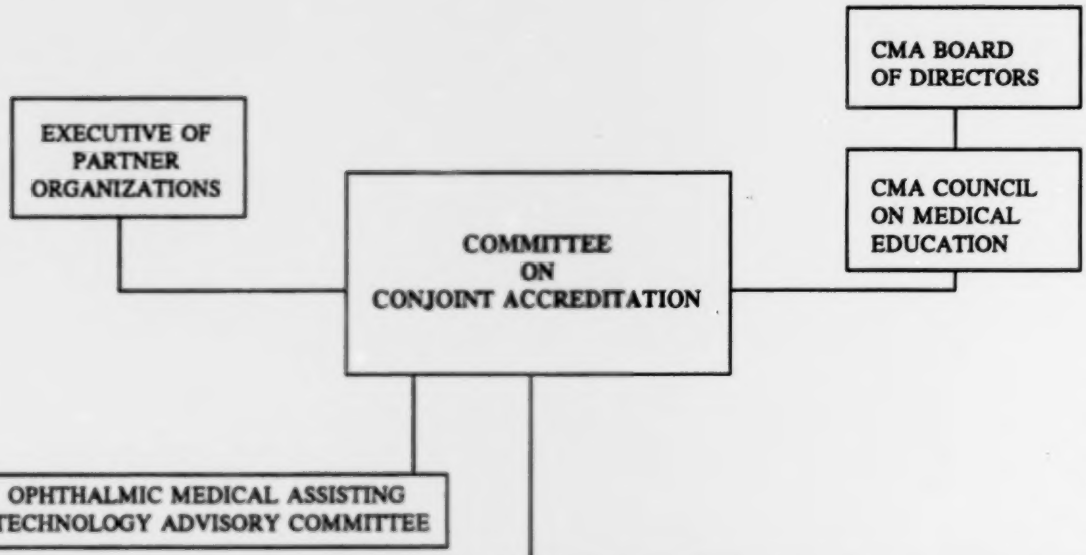
PARTNER ORGANIZATIONS IN ACCREDITATION

The conjoint accreditation process is a partnership of national professional organizations. Accreditation of educational programs is accomplished through a collaborative decision-making process involving conjoint committees. Representatives from the associations, societies or groups listed below constitute the membership of the advisory or conjoint committees for the various health science professions.

Association of Canadian Community Colleges
Canadian Anaesthetists' Society
Canadian Association of Emergency Physicians
Canadian Association of Medical Laboratory Educators *
Canadian Association of Medical Microbiologists
Canadian Association of Medical Radiation Technologists
Canadian Association of Nuclear Medicine
Canadian Association of Pathologists
Canadian Association of Radiation Oncologists
Canadian Association of Radiologists
Canadian Cardiovascular Society
Canadian Ophthalmic Medical Assistants Association
Canadian College of Medical Physicists *
Canadian Confederation of Ambulance Service Associations
Canadian Critical Care Society
Canadian Hematology Society
Canadian Hospital Association
Canadian Medical Association
Canadian Ophthalmological Society
Canadian Paediatric Society
Canadian Society for Transfusion Medicine
Canadian Society of Ambulance Personnel
Canadian Society of Cardiovascular and Thoracic Surgeons
Canadian Society of Clinical Chemists
Canadian Society of Clinical Perfusion
Canadian Society of Cytology
Canadian Society of Diagnostic Medical Sonographers
Canadian Society of Laboratory Technologists
Canadian Society of Prehospital Care Educators
Canadian Society of Respiratory Therapists
Canadian Thoracic Society
Health Canada Committee of Ambulance Service Directors *
National Emergency Nurses' Affiliation
Society of Obstetricians and Gynaecologists of Canada
The American Board of Cardiovascular Perfusion
The Canadian Orthoptic Society

REPORTING STRUCTURE OF ACCREDITATION COMMITTEES


CMA BOARD OF DIRECTORS
EXECUTIVE OF PARTNER ORGANIZATIONS
CMA COUNCIL ON MEDICAL EDUCATION
COMMITTEE ON CONJOINT ACCREDITATION
OPHTHALMIC MEDICAL ASSISTING TECHNOLOGY ADVISORY COMMITTEE

CONJOINT COMMITTEES FOR THE ACCREDITATION OF EDUCATIONAL PROGRAMS IN DESIGNATED HEALTH SCIENCE PROFESSIONS

showing the collaborating organizations that comprise the membership

EMERGENCY MEDICAL TECHNOLOGY	MEDICAL LABORATORY TECHNOLOGY [1]	CARDIOVASCULAR PERFUSION AND RESPIRATORY THERAPY [2]	DIAGNOSTIC IMAGING AND MEDICAL RADIATION TECHNOLOGIES [3]
Canadian Society of Ambulance Personnel	Canadian Society of Laboratory Technologists	Canadian Society of Clinical Perfusion	Canadian Association of Medical Radiation Technologists
Canadian Society of Prehospital Care Educators	Canadian Association of Pathologists	Canadian Society of Respiratory Therapists	Canadian Society of Diagnostic Medical Sonographers
Canadian Association of Emergency Physicians	Canadian Association of Medical Microbiologists	Canadian Anaesthetists' Society	Canadian Association of Radiologists
Canadian Anaesthetists' Society	Canadian Hematology Society	Canadian Cardiovascular Society	Canadian Association of Radiation Oncologists
Canadian Paediatric Society	Canadian Society of Clinical Chemists	Canadian Critical Care Society	Canadian Association of Nuclear Medicine
National Emergency Nurses' Affiliation	Canadian Society of Cytology	Canadian Paediatric Society	Canadian Cardiovascular Society
Canadian Confederation of Ambulance Service Associations	Canadian Society for Transfusion Medicine	Canadian Society of Cardiovascular & Thoracic Surgeons	Society of Obstetricians and Gynaecologists of Canada
Health Canada Committee of Ambulance Service Directors	Canadian Association of Medical Laboratory Educators	Canadian Thoracic Society	Canadian College of Physicists in Medicine
Association of Canadian Community Colleges	Association of Canadian Community Colleges	The American Board of Cardiovascular Perfusion	Association of Canadian Community Colleges
Canadian Hospital Association	Canadian Hospital Association	Association of Canadian Community Colleges	Canadian Hospital Association
		Canadian Hospital Association	

[1] Medical laboratory technology and cytotechnology
[2] New conjoint committee (implemented in November 1993) replacing Cardiovascular Perfusion Advisory Committee and Respiratory Therapy Conjoint Committee
[3] Diagnostic ultrasound technology, nuclear medicine technology, radiological technology and radiation therapy

March 1994

MISSION, VALUES, PHILOSOPHY AND OPERATING PRINCIPLES OF THE CONJOINT ACCREDITATION PROCESS

Mission

Conjoint accreditation is a process designed to ensure national standards for educational programs in designated health science professions, thereby contributing to the competency of graduates and the quality of patient care in Canada.

Values

Accreditation takes place through a partnership of professionals who value

- high quality patient care;
- national standards;
- efficiency and cost effectiveness;
- accountability to the public;
- program assessment and improvement;
- efficient and effective learning and skill development;
- innovation in the educational process;
- flexibility in achieving desired outcomes.

Philosophy

The accreditation process will

- be conjoint in decision-making, operations and financing;
- be national in scope, recognizing regional needs;
- assess whether programs prepare graduates with the competencies required for entry into the designated health science professions;
- complement internal program evaluation and improvement;
- promote and facilitate the evolution of educational programs in response to changes in clinical practice and in educational methodology.

Operating Principles

The accreditation committees will

- promote the integration of all components of an educational program;
- respect the confidentiality of program information;
- promote an efficient and cost-effective process;
- report and respond to the partners in accreditation;
- review and revise the process in response to changes in health care delivery and in education.

DEFINITION OF TERMS

Clinical Education	All clinical experience which has been scheduled as part of the educational program and in which the student is engaged in meeting the clinical objectives through instruction, and practice with appropriate levels of supervision.
Cooperative Program	An educational program involving two or more program sites. The accreditation status accorded to each program site of a cooperative program is specific to that site's affiliation within the cooperative program.
Educational Program ("Program")	A course of studies to enable the student to meet the specified didactic and clinical objectives, which must encompass the educational requirements of the relevant certifying/registering body, within a prescribed length of time.
Independent Program	An educational program in which both the didactic and clinical education are provided in one program site.
Professional Certification	The process by which a non-governmental, professional organization recognizes individuals who meet specified qualifications or criteria set by that organization for entry to a given profession.
Program Site Which Must Be Accredited	A facility which provides a significant portion of the educational program. A significant portion is usually considered to be a segment more than 4 weeks in length or an essential portion of the program provided to all students in the total program.
Student	A person enrolled in an educational program, but only while engaged in didactic and clinical education which is scheduled as part of the program and gives the student credit under the program.
Total Program	The combined program elements of all participating sites.

INFORMATION SERVICES

Information on the accreditation process is available from Conjoint Accreditation Services. The following information services are available on a cost-recovery basis:

1. Information Kit - *The Conjoint Accreditation Process*

The information kit contains a brochure on the accreditation process, the *Official List of Accreditation Programs*, and the *Conjoint Accreditation Newsletter*.

2. Consultation on the Conjoint Accreditation Process

The accreditation secretariat is available for consultation by telephone or in person at CMA House, upon request.

3. Information Sessions or Workshops on the Conjoint Accreditation Process

Information sessions or workshops facilitated by a member of the accreditation secretariat can be arranged at a specific program site on a cost-recovery basis. The workshop fee includes travel and maintenance for the secretariat facilitator, and a fee for workshop administration.

For more information on the above services, contact:

Conjoint Accreditation Services
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331
Fax (613) 731-9013

Basis of Accreditation
Part I

General
Accreditation Requirements and Guidelines
for all Educational Programs

The general requirements for accreditation and guidelines to fulfillment of requirements contained in Part I should be considered in conjunction with the specific accreditation requirements for programs in a particular profession contained in Part II.

GENERAL ACCREDITATION REQUIREMENTS AND GUIDELINES FOR ALL EDUCATIONAL PROGRAMS

GENERAL ACCREDITATION REQUIREMENTS
Printed in regular type

GUIDELINES TO FULFILLMENT OF REQUIREMENTS
Printed in italics

A. RESPONSIBILITY FOR AN EDUCATIONAL PROGRAM

An educational program may be the sole responsibility of a hospital, a community college, an institute of technology or other agency, or the joint responsibility of a community college/institute of technology and one or more clinical sites. Regardless of * the organizational structure of the program or the number of sites involved, it is essential that the responsibility for the program be clearly documented, both at the institutional or * corporate level and at the program level. If the responsibilities for the didactic and * clinical education are assumed by different institutions, the specific responsibilities of * each site shall be documented and clearly communicated to all program participants. * There shall be a mechanism to ensure that the stated responsibilities for the program are * carried out. *

All program sites shall be accredited by the appropriate conjoint committee. If a program wishes to place students in nonaccredited sites for short periods (4 weeks or less), written approval must be received from the appropriate conjoint committee. Programs that have not received committee approval for this practice could jeopardize their accreditation and disqualify their students from writing certification examinations.

When defining the responsibilities for an educational program, it is necessary to ensure * that:

(a) the program site(s) can offer all the physical and human resources required to meet the specified objectives of a particular program;

Didactic and clinical program sites should work closely together to develop their educational programs according to the needs of their students and the community, while maintaining a nationally recognized standard of education. *

Human Resources

Program staff will need sufficient time to prepare for seminars or classes, to supervise students' work, and to give students regular feedback through evaluation of their progress. The survey team looks for evidence of adequate staffing by assessing the relationship between teaching loads and administrative/clinical responsibilities and by assessing the satisfaction of students and faculty. *

Physical Resources

The physical resources available to an educational program are expected to be equal to those normally required in the current practice of the profession for which the students are being prepared.

Duplicate facilities are not necessary in every site of a cooperative program; however, a viable program will have available to it an adequate number and variety of laboratories, instruments, classroom spaces, "practice" equipment, meeting rooms and offices. The space and/or equipment need not be exclusive to the program, but should be accessible and appropriate in size/quantity for the students and staff to be able to work in a safe, uncrowded environment.

(b) where more than one program site is involved, the responsibilities of each site are reviewed routinely by an appropriately constituted program advisory committee;

When there are separate authorities for the didactic and clinical phases of a program, accreditation requires evidence that an overall advisory committee relates to both segments of the program.

(c) the students of the program are provided with an appropriate educational experience in all program sites.

The didactic program director/coordinator is responsible for ensuring that the program staff at each affiliated clinical site receives, before any students arrive for instruction at that site, adequate and current briefing on the program, including a full discussion of the program's overall objectives as well as the specific objectives to be met at that site. There should be agreement concerning the program site's responsibilities relative to the program and its students.

Survey teams seek evidence of this type of consultation and agreement via interviews, and by studying program policies, contracts and correspondence between participating sites, and advisory committee minutes.

B. PROGRAM COMMITTEES

An educational program shall have input from an advisory committee and a faculty liaison committee or appropriate equivalents, depending on the program setting. All program committees shall have documented terms of reference which shall be clearly communicated to all members and other program participants. Program committees must communicate effectively in order to achieve optimal input.

B. 1. Advisory Committee

All institutions associated with the program shall be represented on the advisory committee. Care should be taken to obtain members whose interests and expertise cover a variety of different areas (technologists, educators, physicians, students, recent graduates, etc.). The committee shall include, as members or resource persons, individuals from the participating institutions who are in decision-making positions so that desired program changes may be effected. The committee must work toward the integration of the didactic and clinical parts of the program as well as the maintenance or improvement of standards in all participating institutions. *

The advisory committee shall:

(a) make and review recommendations with respect to program policies, aims, content and structure;

(b) advise on current and projected demands for graduates and the program's relevance to employer needs;

(c) advise on curriculum development and assist in the maintenance of national standards in participating institutions;

(d) assist in the continuing professional development of all teaching staff and the exchange of appropriate staff between various institutions;

(e) assist in liaison between teaching staff and students and the affiliated institutions;

(f) meet regularly, at least twice a year, with a minimum of one face-to-face meeting per year; *

(g) keep minutes of all meetings;

(h) actively promote and facilitate program evaluation. *

Members of the advisory committee should show evidence of their continuing interest through regular participation at meetings and in assignments or proposals emanating from committee discussions. If the number of representatives is too large for effective committee work, consideration might be given to establishing executive committees. *

Meetings of the advisory committee may be held by teleconference provided that one face-to-face meeting is held each year and that minutes of all meetings including those conducted by teleconference are recorded and circulated to committee members.

There should be some evidence that the program's administration gives serious consideration to recommendations from the program advisory committee.

Minutes of the meetings of the advisory committee will be evaluated by the survey team to assess the effectiveness of the committee and its ability to achieve results. Both the process of committee work and the results achieved will be assessed.

B. 2. **Faculty Liaison Committee**

Each program shall have a faculty liaison committee (or equivalent committee structure). The faculty liaison committee shall have representation from the teaching staff of each didactic and clinical program site. The committee shall meet regularly and work toward the maintenance of consistent educational standards in all program sites and the integration of the didactic and clinical segments of the program.

With appropriate direction from the advisory committee and program administration, the faculty liaison committee shall provide ongoing input to the review and revision of:

a) didactic and clinical objectives;
b) course content and curriculum;
c) strategies for course/program delivery;
d) processes for evaluation of student learning;
e) processes for course/program evaluations by students.

The faculty liaison committee (and any subcommittees) shall keep minutes of all meetings. The program shall have a mechanism to coordinate and communicate recommendations from the faculty liaison committee and other program committees to the advisory committee.

C. **PROGRAM OBJECTIVES AND STUDENT EVALUATION**

An educational program is responsible for defining its objectives. These shall include broad objectives for the total program, general objectives and course-specific learning objectives for the didactic segment, and competency-based clinical objectives for each component of the clinical segment. The program objectives shall include all requirements of the national certifying/registering body for the profession.

The program shall have a documented evaluation process to assess the students' success in meeting the objectives of the program. This shall include evaluation of the clinical competency of students during and at the end of training. The evaluation process shall relate directly to the objectives of the program, and the criteria for assessing student competency shall be clearly specified. The evaluation process shall ensure ongoing feedback to students regarding their progress in the program.

The program objectives should be clearly defined. All students and persons involved in delivery of program content should be made fully aware of the objectives and their meaning. This is the responsibility of the program directors/coordinators at all program sites.

Fair and accurate evaluation procedures should measure the students' progress in meeting the objectives. The survey team will ask to see the objectives of the program and the methods used by each program site to evaluate the students' success in meeting these objectives.

The program shall ensure that students:

(a) acquire an understanding of their roles in health care so that they may function responsibly as members of the health care team;

Some course material should be devoted to professional ethics and appropriate conduct, particularly for those professions that have significant patient contact or interface with other members of the health care team. There should also be course content appropriate to patient needs and to the roles of members of the health care team.

Course outlines and program objectives should reflect attention to these aspects of the students' education.

(b) are able to explain clearly the theory behind all the procedures outlined in the syllabus of the certifying/registering body or other curriculum acceptable to the conjoint committee;

As they progress through their program, students should be able to demonstrate their understanding of the underlying theory of the procedures they are mastering. At the conclusion of their program they should be able to answer specific questions relative to any portion of the nationally- approved syllabus of theory and/or practice.

(c) are able to apply the theoretical knowledge to clinical practice;

Theoretical instruction should be made relevant to clinical practice, and theory should be reinforced during the students' clinical portion of training so that the students understand the correlation between the two and are able to show evidence of this understanding by answering questions appropriate to their educational level in the program.

(d) acquire competence in all procedures outlined in the syllabus of the certifying/registering body or other curriculum acceptable to the conjoint committee;

As they progress through their program, students should receive supervision appropriate to their level of competence. Generally, the student should be allowed to move through a series of steps in achieving clinical competence: observation only, then assistance, then performance under direct supervision, then performance under indirect supervision with the student's supervisor on the premises and in a position to help the student if required.

(e) are able to use effectively all equipment related to the procedures outlined in the syllabus of the certifying/registering body or other curriculum acceptable to the conjoint committee;

Equipment and instruments in current use by the profession should be made available so that students may acquire knowledge and competence regarding their use. To satisfy student needs, it may be necessary for programs to arrange rotations for students to gain exposure to equipment and procedures not available or in use in their particular clinical education setting.

(f) acquire competence to work accurately and effectively, especially under pressure;

Students should be provided the opportunity to achieve competence under the usual and sometimes stressful conditions in which their technology is practised. This helps to ensure that, as graduates, they will be able to cope with the daily pressures they will encounter.

(g) are adequately prepared to sit the appropriate certification examination.

The program shall monitor the certification examination results of its students, analyze results that are below the national average, and take the necessary action to address the problems identified.

The program should offer to students the assistance needed to enable them to sit the national examination (and/or appropriate provincial examination) with confidence. Only those students who have met the program's objectives and who are judged to be adequately prepared should be allowed to sit the examination of the certifying/registering body.

Program administrators will be asked to produce a record of results in national (or equivalent) examinations for the period between accreditation surveys (usually 5 years). If the program's results are below the national average, the program will be expected to describe possible reasons for these results and what remedial action has been taken or is planned.

D. PROGRAM STRUCTURE AND DELIVERY

The program shall be so structured that the average student can meet the program's objectives within the prescribed time. The curriculum shall include an educationally valid sequence of learning activities directly related to the program's objectives, and at a depth and competency level appropriate for entry to professional practice. The program shall have mechanisms to ensure effective program delivery and ongoing review and revision of the curriculum.

E. DIDACTIC/CLINICAL INTEGRATION *

There are many educational models that can be designed to enable the students to meet * the objectives of a program. Although various portions of the program may be given at * different sites involving different program staff, mechanisms shall be in place to ensure * that the program operates as a whole, integrated unit. Theory shall be made relevant to * current clinical practice, and clinical education shall be correlated with classroom and * laboratory instruction. The integration of the didactic and clinical segments shall result * in a cohesive educational experience which enables the average student to meet the * objectives of the program within the specified time. *

> *Survey teams will look for evidence of program integration as they interview students, faculty and recent graduates, and as they review the results of program evaluation, and the operation of the advisory and faculty liaison committees.* * *

F. DIRECTION/COORDINATION AT PROGRAM SITES *

The direction/coordination of the program at each site shall be the responsibility of a qualified person who has authority commensurate with the position. He/she will be a member of the appropriate program committee(s) or attend meetings as a primary resource. If program direction/coordination is shared at a program site, the specific * responsibilities of each person shall be clearly defined, documented and communicated * to all program participants. Mechanisms shall be in place to ensure that the stated * responsibilities for program direction/coordination are carried out, and that effective * communication strategies are in place to achieve didactic/clinical integration. *

> *A program director/coordinator should be a qualified, responsible and accessible person who enjoys the confidence and support of students and staff. This person should have the appropriate qualifications, a sound knowledge of the health technology program and sufficient time to fulfill the responsibilities to the program. He/she should possess leadership qualities, be responsive to changes in the field and enjoy administrative support.*
>
> *The program director/coordinator's workload in other domains (clinical, instructional and administrative) should not be such that it impinges upon time needed for the administration of the program in question. The time required for program administration will depend on the size of the program.*

G. PROGRAM STAFF OF DIDACTIC SEGMENT *

Staff offering didactic courses shall hold appropriate qualifications in the field(s) they teach, and be able to demonstrate proficiency in instructional and evaluative techniques. * Specialty courses shall be taught by staff members who hold relevant professional * certification (or relevant academic qualifications if certification is not available in their * profession), who are licensed or registered by the provincial regulatory body where this *

* is a requirement for practice, and who have relevant clinical experience (preferably 5
* years) in the field in which they are teaching. Didactic instructors shall spend sufficient
* time in the clinical setting on a regular basis to ensure that they remain up to date with
* current clinical practice. All didactic instructors must be able to offer evidence of continuing professional development in their specialty.

> *Proficiency in instructional and evaluative techniques could be enhanced through courses, seminars, workshops, instructor exchanges, etc. Continuing professional development could include the following activities and initiatives: courses, seminars, workshops, annual professional conferences, advanced certification programs, maintenance of membership in the relevant professional body(ies), professional exchanges, etc.*

H. CLINICAL EDUCATION

* H. 1. Clinical Coordinator/Instructor

* A clinical coordinator/instructor shall be named for each clinical program site. The
* responsibilities of the clinical coordinator/instructor may be carried out by more than one
* person, however, the responsibilities of each person shall be documented and clearly
* communicated to staff and students. Regardless of the organizational structure, there
* shall be mechanisms in place to ensure that the responsibilities for clinical
* coordination/instruction are carried out, and that there are effective communication
* strategies to achieve didactic/clinical integration.

> * *In larger departments the clinical coordinator/instructor should be someone other than the chief technologist.*

* All clinical instructors shall hold relevant professional certification, be licensed or
* registered by the provincial regulatory body where this is a requirement for practice, and
* have relevant clinical experience. All clinical instructors shall be able to demonstrate
* proficiency in instructional and evaluative techniques, and evidence of continuing professional development in their specialty.

> * *Proficiency in instructional and evaluative techniques could be enhanced through courses, seminars, workshops, instructor exchanges, etc. Continuing professional development could include the following activities and initiatives: courses, seminars, workshops, annual professional conferences, advanced certification programs, maintenance of membership in the relevant professional body(ies), professional exchanges, etc.*

* The responsibilities of the clinical coordinator/instructor shall include coordination of the
* students' clinical education to ensure a consistent opportunity for each student to meet
* the clinical objectives, and implementation of effective mechanisms for evaluation of the
* student's competency throughout the clinical experience.

H. 2. Clinical Experience

The clinical education shall be structured so that the average student can meet the clinical objectives of the program within the prescribed time. *

During their clinical education, students shall be exposed to a wide range of procedures and equipment. The program shall document that each student has been provided with adequate experience in prescribed technical procedures so that the student will be able to achieve the required level of competency for entry to professional practice. *

When several program sites participate in the clinical education, the rotations shall be adequately coordinated, in terms of objectives, content and evaluation, to ensure a consistent learning opportunity for each student. Where a procedure in the curriculum is not available at a given program site, arrangements shall be made for the student to obtain experience in that procedure at another site. *

A complete schedule for the clinical portion of the program should be prepared for distribution to students upon arrival so that they have a clear understanding of the form and content of their clinical education. The survey team will review these records during an on-site survey. *

Within the designated time allotments for the program, the clinical rotation schedules should include sufficient flexibility for students to progress at their own pace as determined through competency-based evaluation. The evaluation process should ensure that students do not perform procedures beyond their current level of competency. *

Provision should be made in the program for students who are unable to achieve the required competence to: (a) receive additional training; (b) be counselled into another field suited to their abilities; or (c) be asked to withdraw.

H. 3. Supervision of Students

Students shall be supervised at all times in the clinical area. In the initial stages of the clinical experience, students shall be supervised directly. As students become more competent in a given clinical procedure, supervision may be indirect, however, the student's supervisor shall be on the premises and in a position to help a student in need of assistance. It should be remembered that a program is an educational process. The student's clinical education shall include scheduled clinical experience which permits the student to achieve the required competency in clinical procedures prescribed by the relevant certifying/registering body. Students are in a learning situation and must not, therefore, be considered as part of the work force of the clinical institution. *

The clinical institution may be asked to explain the rationale behind its staff/student ratio and student quotas if students appear to be receiving too little clinical experience or too much exposure without adequate supervision, evaluation or variety. *

In some educational programs the students may be hospital employees who are pursuing academic upgrading to obtain professional certification. In such cases, the program should ensure that the students have sufficient time, adequate supervision and appropriate evaluation to enable them to meet the didactic and clinical objectives of the program.

H. 4. **Student Safety**

Appropriate policies and procedures shall be in place to ensure the safety of the student at all times. Students shall be exposed to safe working practices in all participating program sites.

I. INSTRUCTOR/STUDENT RATIO

Throughout the program the instructor/student ratio shall be conducive to the attainment of program goals and consistent with effective educational practice. (See Part II for specific accreditation requirements in each health science profession.)

Deciding the appropriate staff/student ratios in didactic and clinical settings is a prerogative of the individual institution, program and province; however, an adequate number of qualified instructors and clinical staff (technical, medical, educational and administrative) is expected to be available to students at all of the educational sites. These individuals should be clearly designated and performance objectives clearly understood by them. Too few staff could result in students' receiving inadequate individual supervision.

J. MEDICAL INPUT

There shall be evidence of medical input to the educational program.

There should be a mechanism for medical input to the advisory committee.

Medical staff associated with the program should show evidence of their involvement and interest. Such evidence could include scheduled conferences, seminars, lectures with the students, attendance at appropriate meetings, and support for program personnel.

While not all medical staff associated with a program site can be thoroughly familiar with the program, at least one person should be fully cognizant of the program's content and should act as liaison for other medical staff persons.

K. PROGRAM RECORDS

Clear, up-to-date program records shall be maintained for both the didactic and clinical segments of the program.

K. 1. **Student Records**

The following student records shall be kept:

(a) applications for admission to the program, including educational background and official transcripts of marks;

(b) evaluation and promotion records related to each phase of training;

(c) health records, as appropriate (including protection reports in programs for nuclear medicine technology, radiological technology and radiation therapy). *

Examples of these forms (not actual student records) must be available to the survey team.

Clear records of the evaluation of student progress in theoretical/laboratory work and records of their clinical competency are required so that both the members of the staff and the students can monitor the development that is taking place. Each site receiving the student for a significant portion of education should have access to these records with the student's written permission to do so. *

K. 2. **Records of Instruction**

Records of instruction shall include the following:

(a) course content, teaching resources, time allotment in each area of training and rotation plans;

(b) lectures, seminars and laboratory experiences presented; names of instructors and subjects;

(c) logbooks (where applicable) or workbook records of procedures performed by the student and documented by the supervisor concerned. These records must be available to the survey team.

Clear, up-to-date outlines should be available for all subjects taught. An outline (with time frames) of clinical experiences should be available, and it should coincide with what is actually happening in the current program. Each instructor will be asked to provide evidence that students are evaluated in accordance with stated course objectives. There should be records available of course notes, tests and seminar plans and schedules.

K. 3. **Administrative Records**

Administrative records shall include minutes of advisory committee meetings, faculty liaison committee meetings and/or other committees advising on or establishing policy for the educational program. *

Minutes of the various committee meetings, terms of reference for the committees and attendance records should be made available for review by the survey team.

L. PROGRAM POLICIES

Program policies shall be documented for both the didactic and clinical segments. Program policies and procedures shall include mechanisms for student appeal. Documented program policies shall be consistent with what has been published in program brochures, and shall be reflected in actual practice in the program. The policy and procedures for the selection of students shall be reviewed by the advisory committee.

The application for accreditation should indicate what policies are available, how they are approved, where they are maintained within the program, and how they are communicated to all personnel and students.

The selection procedures, while respecting individual requirements of the college, institute or province, should be consistent with what has been published in program brochures. Joint selection by didactic and clinical program sites is encouraged.

M. EDUCATIONAL FACILITIES

(a) Adequate classroom facilities shall be available;

(b) Laboratory facilities for practice of routine work shall be available;

(c) Quiet study areas shall be available to students;

(d) Current and relevant learning resources (library and audiovisual aids) shall be available to students in both didactic and clinical areas. A minimum of those texts recommended in the syllabus of the related professional society (or other curriculum acceptable to the conjoint committee) shall be available to students and staff.

The survey team will assess the adequacy of the physical facilities during the on-site tour. Facilities such as the library, classroom or study areas will also be assessed for quality and accessibility to students.

A list of texts should be made available for the survey team.

N. NUMBER OF STUDENTS

The annual student enrollment in an educational program shall be such that there is no overloading of didactic facilities and/or approved clinical training positions. Each student accepted into the program shall be assured of a plan for a clinical training position in an accredited site affiliated with the program.

A clinical program site shall not exceed the number of clinical training positions approved by the conjoint committee. The number of approved training positions for each clinical program site is determined by the conjoint committee, in consultation with the staff of the clinical site. The number is based on the physical resources and volume and variety of clinical experiences available at the site, and the number of staff available to provide adequate supervision of students. (A procedure is available to request an increase or decrease in the number of approved clinical training positions. See Part III C.3.)

The annual student enrollment in the program should be determined in conjunction with a review of past and projected attrition rates from the program, and in consultation with the clinical program sites regarding the number of students that can be accommodated at each site.

O. TOTAL PROGRAM EVALUATION

An educational program, regardless of setting, shall conduct a formal, i.e. documented, process of evaluation on an ongoing basis. The process shall assess total program effectiveness by evaluating the combined program elements of all participating sites. The process shall include a critical review of the goals and objectives of the program, the educational processes used to achieve them, and educational outcomes such as students' knowledge, skills, attitudes and interactions. The process shall include mechanisms for obtaining regular feedback from all program participants, including didactic and clinical program staff, other involved staff, students, graduates and employers of graduates.

Outcome evaluation might include, but is not limited to, consideration of the following outcome data:

- *Attrition/retention rates and reasons;*
- *Success of graduates on the relevant certification examinations;*
- *Employment statistics for graduates;*
- *Degree of employer satisfaction with the preparedness of graduates.*

Data collected in the program evaluation process will be reviewed by the survey team.

The results of the program evaluation process shall be documented and shall include an identification of program strengths and concerns. These results shall be incorporated into the decision-making process in the program and reflected in program changes and long range planning. The methodology and results of the program evaluation process including an indication of program strengths, identified concerns and resulting program changes, shall be submitted as part of the application for accreditation.

Basis of Accreditation
Part II

Specific
Accreditation Requirements and Guidelines
for Educational Programs in
Individual Health Science Professions

The specific accreditation requirements for programs in individual health science professions in Part II must be fulfilled IN ADDITION to the general accreditation requirements for all programs outlined in Part I of the Basis of Accreditation.

SECTION A - CARDIOVASCULAR PERFUSION

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in cardiovascular perfusion encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements: *

A. PROGRAM OBJECTIVES

The educational program shall be structured to prepare cardiovascular perfusionists to competently manage and maintain the integrity of the extracorporeal circulation and patients' physiologic functions. This will include the monitoring of all critical variables, the administration (on prescription) of a variety of therapeutic agents and the performance of a range of adjunctive techniques.

B. PREREQUISITES

The program shall specify the prerequisites for entry. *

Most cardiovascular perfusion programs are offered as postdiploma programs. The usual preliminary qualification is graduation from a 2 or 3-year health science program such as a technology or nursing program. At the discretion of the program personnel, consideration may be given to other applicants such as university graduates or candidates with the appropriate mix of qualifications and experience. Students without a health science background require additional training in medically oriented subjects such as medical ethics. * * *

C. PROGRAM STRUCTURE *

An educational program for cardiovascular perfusionists shall be so structured that the average student can meet the didactic and clinical program objectives including the minimum requirements of the *Basis of Accreditation* within the prescribed time. Students' clinical experience shall include the performance of an adequate number and variety of extracorporeal circulation procedures. * * *

The perfusion program should include an adequate number and variety of extracorporeal circulation procedures to provide each student with clinical experience that should approximate 50 adult and 15 pediatric perfusions. Upon successful completion of the perfusion program students should be competent to perform perfusion procedures in support of adult, pediatric and infant patients.

* D. PROGRAM STAFF AT THE DIDACTIC SITE

D. 1. Program Director/Coordinator

The program director/coordinator shall be responsible for the organization, administration, periodic review, continued development and general effectiveness of the perfusion program.

Where the program director's responsibilities include clinical instruction and/or supervision of the instructional staff in the clinical applications of perfusion, the program director shall be an experienced certified perfusionist.

D. 2. Instructional Staff

All staff providing clinical instruction in cardiovascular perfusion shall be experienced certified perfusionists.

E. STAFF AT A CLINICAL SITE

E. 1. Medical Director/Advisor

There shall be a medical director/advisor who shall provide competent medical direction and advice for the perfusion program. The medical director shall be a currently licensed
* physician, either a cardiac surgeon, or an anesthetist who has an interest in cardiac
* anesthesia and ideally is practising in this area.

E. 2. Clinical Coordinator/Instructor

* The clinical coordinator/instructor shall be an experienced perfusionist who has been certified following the successful completion of an accredited perfusion program and/or qualifying examination.

* *The clinical coordinator/instructor should have sufficient designated time to fulfill the responsibilities related to student education.*

* *The clinical coordinator/instructor can be certified by either the*
* *Canadian Society of Clinical Perfusion or The American Board of*
* *Cardiovascular Perfusion. The clinical coordinator/instructor should*
* *have demonstrated a knowledge of the theoretical components of*
* *cardiovascular perfusion by having passed the examination of either the*
* *Canadian Society of Clinical Perfusion or The American Board of*
* *Cardiovascular Perfusion, or by having completed an accredited*
* *perfusion program.*

E. 3. Perfusionist/Student Ratio

There shall be a sufficient number of certified perfusionists in a clinical site to provide appropriate supervision of students during clinical training. During perfusion procedures, each student shall be supervised directly by a certified perfusionist.

Direct supervision of students in the clinical setting requires the staff perfusionist to be available immediately to assist the student, if required. The staff perfusionists who supervise students in the clinical setting can be certified by either the Canadian Society of Clinical Perfusion or The American Board of Cardiovascular Perfusion. *

F. **PROGRAM COORDINATION**

There shall be a mechanism in place to achieve effective integration and coordination of the didactic and clinical phases of the program. There shall be effective coordination of activities within each program site to ensure appropriate supervision of the students and evaluation of student performance.

G. **CURRICULUM**

(a) The curriculum shall include, or have as prerequisites, appropriate background course material to provide students with current and adequate knowledge of:

(i) anatomy and physiology;

(ii) pathology;

(iii) pharmacology;

(iv) chemistry;

(v) physics and mathematics.

(b) The curriculum shall include course work covering the major clinical applications of the technology. These applications include but are not limited to:

(i) heart-lung bypass for adult, pediatric and infant patients undergoing heart surgery;

(ii) long term supportive extracorporeal circulation (cardiac and pulmonary assist devices - LVAD, RVAD, ECMO, IABP and artificial hearts);

(iii) catastrophic event management;

(iv) monitoring of the patient undergoing extracorporeal circulation;

(v) adjunctive techniques used with extracorporeal circulation;

(vi) acid-base theory and application;

(vii) electrocardiography interpretation;

(viii) immunohematology;

(ix) blood conservation techniques;

(x) myocardial preservation - theory and application;

(xi) theoretical and technical consideration of equipment required for extracorporeal circulation and how to evaluate it;

(xii) transplantation (liver, heart);

(xiii) limb perfusion and other special applications of the technology.

Adjunctive techniques should include but not be limited to:

-hypothermia;

-pulsatile devices including intra-aortic balloon pumping;

-myocardial preservation techniques;

-red cell concentration and hemodilution;

-pharmacologic intervention;

-pacemaker analysis.

Monitoring should include but not be limited to:

-hemodynamic monitoring and measurement;

-blood-gas and other chemistry analysis;

-bubble detection;

-level sensing;

-temperature monitoring;

-electrophysiology;

-status of coagulation potential;

-fluid and electrolyte balance;

-pacemakers;

-cardiac catheterization techniques.

Special applications of the technology should include right and left heart bypass and autotransfusion and may include such techniques as total body washout, hypothermic and hyperthermic perfusion and isolated limb and organ perfusion. Blood conservation including ultrafiltration hemoconcentration and organ preservation may also be included in this special applications section.

A perfusion program should provide clinical experience representing the variety of patients seen in practice. If certain aspects are missing, the program should seek affiliations with clinical sites that will supplement the variety of cases.

H. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance). *

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

I. GENERAL INFORMATION

I. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Cardiovascular Perfusion and Respiratory Therapy. * *

(b) For information on the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of Educational Programs in * *
Cardiovascular Perfusion and Respiratory Therapy
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013

I. 2. Certification

(a) Certification agencies:

Canadian Society of Clinical Perfusion; and *
The American Board of Cardiovascular Perfusion.

(b) For information on certification please contact:

The President
Canadian Society of Clinical Perfusion
P.O. Box 224,
1450 Johnston Road
White Rock, BC V4B 5E9

OR

The President
The American Board of Cardiovascular Perfusion
207 North 25th Avenue
Hattiesburg, MS 39401

SECTION B - CYTOTECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in cytotechnology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements: *

A. PROGRAM OBJECTIVES

The cytotechnology program shall include an educationally valid sequence of learning activities which relate directly to the program's objectives, and which encompass all required areas of the Canadian Society of Laboratory Technologists (CSLT) *Syllabus of Studies* in Diagnostic Cytology, including techniques and instrumentation, cell biology, laboratory investigation of disease, quality assurance and information management. * * * * *

B. CLINICAL LABORATORIES *

A clinical laboratory shall meet the following minimal requirements: *

B. 1. Volume and Scope of Procedures *

The laboratory's cytology service shall include a sufficient volume and scope of procedures, gynecological and nongynecological, to ensure adequate student experience consistent with the requirements of the CSLT *Syllabus of Studies*. * * *

If a laboratory is unable to provide students with sufficiently broad experience in one or more required aspects of cytology, the students shall rotate to another laboratory for experience in these areas. * * *

B. 2. Staff

The staff of the laboratory shall include:

(a) a director who is:

(i) a specialist in laboratory medicine or who holds qualifications acceptable to the conjoint committee;

(ii) recognized as having special interest, competence and experience in cytology;

(iii) in regular attendance for a sufficient period during the educational program to take an active part in the daily laboratory work and teaching.

(b) qualified laboratory personnel with designated responsibility for aspects of student training in cytotechnology. * *

(c) a ratio of not more than one trainee to one qualified person but preferably one trainee to two qualified persons. Students shall be exposed to graded responsibility in a supervised environment. It is expected that adequate human resources will be available to support the educational program.

B. 3. **Space and Equipment**

Laboratories providing instruction to cytotechnology students must have adequate and appropriate modern equipment. There shall be an ample variety of teaching specimens and teaching aids representative of the areas of cytodiagnosis.

C. **SAFETY**

The program shall ensure that students are provided with safety instruction and exposed to safe working practices in all participating program sites. Safety manuals and documented procedures shall be available in each clinical site. Students must be made aware of the dangers involved in the handling of hazardous materials, and appropriate precautions must be taken to ensure the safety of the student at all times. There shall be documented procedures for the safe handling of biological materials in the laboratory and students must be advised of the importance of immunization programs, especially for Hepatitis B.

As students rotate through each section of the laboratory, they should receive instruction, on arrival in that section, regarding the specific hazards and safe working practices in that laboratory section. The CSLT manual "Laboratory Safety" may be used as a guide.

The mandate of accreditation is to ensure that students receive adequate and appropriate instruction in safety principles and practices, and that the educational environment ensures the safety of the students at all times.

The on-site survey team will review the laboratory facilities and safety practices of the didactic and clinical sites participating in the educational program to determine whether the students are receiving the required education in a safe and appropriate learning environment.

D. **PROGRAM CHANGES**

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

E. GENERAL INFORMATION

E. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Medical Laboratory Technology.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Medical Laboratory Technology
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013

E. 2. Certification

(a) Certification agency: Canadian Society of Laboratory Technologists
Council on National Certification

(b) For information regarding certification please contact:

The Executive Director
Canadian Society of Laboratory Technologists
P.O. Box 2830, Station A
Hamilton, ON L8N 3N5
Tel. (905) 528-9642, Fax (905) 528-4968

E. 3. Registration/Licensing

In some provinces, there is legislation which requires technologists to be registered with the relevant licensing/regulatory authority to practise in that province.

SECTION C - DIAGNOSTIC ULTRASOUND TECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in diagnostic ultrasound technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements: *

A. PROGRAM OBJECTIVES

The program shall define objectives for all ultrasound specialties taught. The objectives for each specialty shall encompass the entry-level competencies outlined in *The Scope of Practice for the Diagnostic Sonographer* developed by the Society of Diagnostic Medical Sonographers (SDMS) and endorsed by the Canadian Society of Diagnostic Medical Sonographers (CSDMS). If a specialty is taught as an orientation and not to provide students with the required competency for entry to practice, this shall be clearly stated. In this case, the program shall define the terminal competency/certification eligibility status expected of graduates. *

B. STAFF

The staff composition will vary depending upon the type of program (community college or hospital based) and its organization. The following individuals and their responsibilities/functions shall be encompassed within the program. *

(a) **Program Director/Coordinator** - an individual, who may be a physician (ultrasound specialist), sonographer, or other qualified person, with overall responsibility for the didactic and clinical phases of the program. *

The responsibilities of the program director/coordinator shall include: *

(i) planning, implementation and coordination of the didactic and clinical portions of the program; *

(ii) overall coordination of the evaluation of the student's didactic and clinical performance; *

(iii) promotion or graduation of the student; *

(iv) liaison/interaction with the program's affiliate bodies; *

(v) regular update and maintenance of personal scanning skills in the specialties taught to ensure awareness of current clinical applications (this responsibility pertains to sonographers). *

The responsibilities for direction/coordination may be carried out by more than one person, however, the breakdown of responsibilities shall be clearly documented and communicated to staff and students. There shall be mechanisms to ensure that the stated responsibilities are carried out, and that effective communication strategies are in place to achieve didactic/clinical integration.

(b) **Didactic Instructor(s)**

The responsibilities of the didactic instructor(s) shall include:

(i) the instruction and evaluation of students consistent with the program's objectives and curriculum;

(ii) maintaining personal scanning skills in the specialties of instruction. (This responsibility may not be applicable to instructors of the Physics and Instrumentation course, and instructors of other general education courses.)

(c) **Clinical Coordinator/Instructor** - a sonographer, with relevant experience in ultrasound imaging in the program's specialties, who assumes responsibility for providing the appropriate learning environment in the clinical phase.

The responsibilities of the clinical coordinator/instructor shall include:

(i) planning the clinical education to enable students to meet the clinical objectives;

(ii) correlating the clinical education with the didactic segment of the program;

(iii) evaluating the student's clinical progress;

(iv) regular updating and maintaining personal scanning skills in the specialties taught to ensure awareness and competency in current clinical applications.

The responsibilities of the clinical coordinator/instructor may be carried out by more than one sonographer, however, the breakdown of responsibilities shall be documented and clearly communicated to staff and students. There shall be mechanisms to ensure that the responsibilities for clinical instruction and evaluation of students are carried out, and that effective communication strategies are in place to achieve didactic/clinical integration.

(d) **Physician** - a specialist in clinical ultrasonography (sonologist).

(i) Didactic segment of the program

There shall be evidence of physician involvement in both an advisory and an instructional capacity.

Physician involvement in instruction could include lectures, didactic rounds or case discussions.

(ii) Clinical segment of the program

There shall be active physician involvement in the clinical education of the student. The student shall be supervised directly by a staff sonographer or sonologist while the student is performing an ultrasound exam. *

Students should have opportunities to observe the reporting of sonograms by a sonologist. *

C. SONOGRAPHER/STUDENT RATIO

Clinical procedures require a ratio of one student to one qualified sonographer. Student sonographers shall be supervised at all times (see Part I, H.3). *

A sufficient number of sonographers should be available to perform the workload of the department without the help of the students. *

D. EQUIPMENT

Adequate equipment shall be available for student education in addition to equipment required to provide service for patients. *

A wide variety of equipment shall be available to the program but it need not be in each site of a cooperative program. The student shall be exposed to quality control mechanisms and methods of data storage (hard copy, video etc.). *

Institutions participating in a program should ensure that adequate exposure to different types of state-of-the-art equipment is available during a student's training period. This would include mechanical and electronic Real-Time scanners used for conventional and intracavitary studies as well as continuous wave, pulsed wave, duplex and color probes. * * * *

E. EXAMINATIONS

A mechanism shall be in place to ensure that students have a broad exposure to all types of examinations appropriate to the specialty. The students shall be exposed to normal cases and a wide range of pathology in the specialty. * *

In a diagnostic ultrasound unit the workload will depend on many variables, including: the types of patients, the interest and experience of the physicians involved, the nature of ultrasound studies being performed, the number of ultrasound machines available, the kind of hospital and the population served.

A sonographer working with a student and a single machine should have a daily workload which enables the student to obtain regular, active, "hands-on" scanning. A suggested daily workload might be a mean of 8 scans/cases in abdominal, obstetrical/gynecological, neurosonology, and vascular ultrasound; and a mean of 4 scans/cases in cardiac ultrasound.

F. PREREQUISITES

The program shall define the prerequisites for entry.

The prerequisites should concur with the current ARDMS prerequisites for examination eligibility. The student should enter the program with the necessary prerequisites to ensure that upon graduation/completion of the program the student is eligible to write the ARDMS certification examinations in the specialties in which entry-level competency has been achieved.

Most ultrasound programs are offered as postdiploma programs. The usual preliminary qualification is a 2 or 3-year health science program such as a technology or nursing program. At the discretion of the program personnel, consideration may be given to other applicants such as university graduates. Students without a health science background require additional training in medically oriented subjects such as medical ethics, patient care and nursing essentials.

G. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segment), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

H. GENERAL INFORMATION

H. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013 *

H. 2. **Certification**

(a) Certification agency: American Registry of Diagnostic Medical Sonographers (as endorsed by the CSDMS) *

(b) For information regarding certification please contact:

The Executive Director
American Registry of Diagnostic Medical Sonographers
2368 Victory Parkway, Suite 510 *
Cincinnati, Ohio 45206 *
(513) 281-7111 or 1-800-541-9754 *

OR

The Executive Director
Canadian Society of Diagnostic Medical Sonographers
P.O. Box 5395 *
Fort McMurray, AB T9H 3G4 *
(403) 743-2962 *

SECTION D - EMERGENCY MEDICAL TECHNOLOGY (LEVELS I, II, AND III)

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in emergency medical technology encompass the general requirements set out in Part I of the *Basis of Accreditation*, plus the following specific requirements: *

A. PROGRAM OBJECTIVES

(a) Program objectives shall encompass the competencies required for that level, as documented in the *Competency Requirements for Graduates of Educational Programs in Emergency Medical Technology (Levels I, II and III).* * *

(b) The educational program for any level shall be designed to ensure that:

(i) graduates will be able to perform, with confidence, all required procedures;

(ii) graduates understand their limitations and requirements for medical supervision and operating protocols. *

Surveyors will focus on whether required competencies are encompassed in program and course objectives, and whether the educational program enables the average student to achieve the required competencies within the prescribed time. * * * *

B. HOSPITAL AFFILIATION

An educational program for any level, whether under the authority of a college, hospital or other organization, shall be affiliated with a hospital or hospitals concerned with the provision of emergency medical care. * *

A Level II or III program shall be affiliated with a hospital or hospitals involved with emergency medical care and prehospital advanced life support. * *

C. MEDICAL DIRECTION

A program for any level shall have a medical director (a physician with special interest and involvement in emergency medicine). The medical director shall be a resource and guide with respect to medical supervision and need not be a program administrator or faculty member. *

Hospital sites involved in an emergency medical technology program shall ensure medical input to the program. Instruction related to medical acts shall be given by or under the active direction of physicians.

D. EQUIPMENT AND SPACE

Emergency medical technology programs at all levels shall have ready access to all equipment basic to the performance of required skills. Facilities shall be sufficient for student training in addition to requirements for adequate service to patients.

E. PROGRAM STRUCTURE

The structure and length of each portion of an educational program in emergency medical technology shall be such that an average student can attain the required competencies and meet the objectives of the program within the specified time.

F. PREREQUISITES

The program shall specify the prerequisites for entry.

The satisfactory completion of a Level I accredited program or an equivalent acceptable to the conjoint committee is recommended as a prerequisite for a Level II or III training program. In the absence of such a prerequisite, evidence should be presented to demonstrate that the program encompasses training equivalent to a Level I accredited program, or that the program includes a documented process to assess the student's competency in Level I skills.

In addition, the student selection process might incorporate:

(a) prescreening by standard aptitude tests for communication skills and reasoning abilities;

(b) clinical testing of basic ambulance knowledge;

(c) a combination of group interviews and peer review.

G. CLINICAL EXPERIENCE

The program shall include adequate clinical experience in both the hospital and ambulance settings to ensure that students have a consistent opportunity to meet the clinical objectives of the program, and acquire all required competencies.

H. SUPERVISION OF STUDENTS DURING THE CLINICAL EXPERIENCE *

Students shall be provided with appropriate supervision during the hospital and ambulance practicums. Students shall be supervised directly until they have been judged by the program to be competent to perform at the expected level. Direct supervision requires the student's supervisor or preceptor to be available immediately to assist the student and take over the care of the patient, if required.

The student's supervisor or preceptor shall have a clear understanding of the clinical objectives for the practicum(s) and the methodology for instruction and evaluation of the student.

The following guidelines will assist programs in the selection and orientation of preceptors:

(a) The preceptor should be willing to assume responsibility for student education.

(b) The preceptor should hold appropriate professional qualifications and be current in clinical practice.

(c) A preceptor training/orientation program is recommended as one mechanism to provide preceptors with the required knowledge and preparation for their educational responsibilities.

(d) The educational program should include a mechanism to assist preceptors to utilize feedback from program participants, as appropriate.

If an educational program includes a number of practicums, students may benefit from contact with several preceptors, rather than assignment to one preceptor for all practicums.

I. STUDENT EVALUATION *

The assessment of knowledge and skills shall be based on both academic and clinical performance, the latter in both simulated and real situations whenever possible. The end of the hospital practicum and of the ambulance practicum are critical evaluation points; students shall be carefully evaluated to ensure acquisition of required skills at the * specified level of competence. *

There shall be formal evaluation processes which are carefully organized and clearly * documented, and students shall be informed with respect to the way in which they will * be assessed. (See also Part I of the *Basis of Accreditation*).

*The use of frequent quizzes or short tests on a day-to-day basis is encouraged with immediate feedback to students. Formal overall * evaluation should be conducted at the end of each major program component.*

Evaluation processes should be tailored to fit the needs of particular courses, and accreditation does not stipulate specific processes.

The following evaluation processes are commonly employed:

(a) written examinations - should consist of a mixture of objective questions and short-answer questions. As a rule, it is wise to avoid either complete reliance on objective tests on the one hand or very long essay-type examinations on the other;

(b) oral examinations - are by nature very flexible and can be used to identify individual variability. Oral exams are frequently most useful as part of the final evaluation process;

(c) practical examinations - testing technical skills is best done in the clinical setting because it allows one to "diffuse" the pressure on the student. The examiner may allow as many chances as he/she feels is reasonable to demonstrate competent technical performance;

(d) simulations and direct observation to test assessment skills.

* **J. CONTINUING EDUCATION**

It is expected that there will be evidence of effort by all programs, particularly Level III programs, toward fulfillment of the need for continuing education for their graduates and faculty. The nature of a program that allows interventions with the potential to cause physical harm, coupled with the rapidly changing field of emergency medicine, demands active in-service education arrangements.

Programs are also expected to cooperate with local authorities where there is provision for such activities as:

* *(a) mandatory relicensing at regular intervals (e.g. 3 years);*

(b) routine review of all calls requiring advanced life support intervention, along with the provision of regular feedback to the attendants involved;

(c) monthly teaching sessions;

(d) recertification in selected techniques (e.g. cardiopulmonary resuscitation and intubation) at regular intervals.

K. PROGRAM CHANGES *

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 * months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

L. GENERAL INFORMATION *

L. 1. Accreditation *

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Emergency Medical Technology.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Emergency Medical Technology
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013 *

L. 2. Certification *

There is no national examination or certification process for graduates in emergency medical technology.

L. 3. Registration/Licensing *

In some provinces, there is legislation which requires practitioners to be registered with * the relevant licensing/regulatory authority to practise in that province.

SECTION E - MEDICAL LABORATORY TECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in medical laboratory technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements:

A. PROGRAM OBJECTIVES

The program shall be designed to ensure that, as a minimum standard, a graduate will be able to:

(a) perform all of the clinical laboratory procedures outlined in the *Syllabus of Studies* for the General Certificate of the Canadian Society of Laboratory Technologists (CSLT) within defined limits of accuracy and precision;

(b) have sufficient theoretical knowledge to learn to perform more complex procedures under supervision of personnel accountable for these procedures;

(c) recognize and identify anomalous results due to:

(i) procedural errors;

(ii) equipment malfunction;

(iii) irregularities in patient samples;

(d) undertake, under supervision, corrective measures required for (i), (ii) and (iii);

(e) assist in the implementation and development of new techniques or improvements to existing techniques;

(f) recognize when results of laboratory procedures fall outside clinically established reference ranges, and indicate appropriate action, which may include reporting through established channels and carrying out additional related tests within established guidelines;

(g) perform the following -

(i) initiate the ordering of supplies essential for the performance of his/her area of responsibility;

(ii) collate statistical information pertinent to his/her area of responsibility;

(iii) practise medical laboratory technology in a manner consistent with CSLT standards and guidelines, as documented in *Laboratory Safety*, and the Code of Professional Conduct.

A program should be prepared to show evidence of participation in an acceptable external quality assurance program.

B. PROGRAM COMPONENTS

The educational program shall be a combination of required theory and appropriate clinical practice, either or both of which may take place at a didactic site or in clinical laboratories.

Clinical laboratories may include:
- *Hospital laboratories;*
- *Commercially operated laboratories;*
- *Public health laboratories;*
- *Laboratories of the Canadian Red Cross Society, Blood Services;*
- *Simulated clinical laboratories;*
- *Other clinical laboratories acceptable to the conjoint committee.*

C. ADVISORY COMMITTEE

The advisory committee shall include a balanced representation of laboratory physicians, medical laboratory technologists and other suitably qualified medical laboratory personnel.

Representation from hospital administration, CSLT, provincial medical laboratory societies, provincial regulatory authorities, members of faculty, students and program graduates should be considered.

D. DIRECTION/COORDINATION OF THE CLINICAL EDUCATION

There may be one or more directors/coordinators for the clinical education, depending on the numbers and types of laboratories involved in the educational program and their organizational structure. Directors/coordinators may be specialists in laboratory medicine or hold qualifications acceptable to the conjoint committee.

Program directors/coordinators are expected to be in regular attendance for a sufficient period to take an active role in the educational program.

Program directors/coordinators should participate on the appropriate program committees. With respect to the portion of the educational program provided in the clinical site(s), directors/coordinators guide and direct the clinical education, demonstrating interest in the program through regular contact with students, instructors and the advisory committee.

E. CLINICAL FACILITIES

Each clinical laboratory shall provide adequate space and equipment for student education in addition to that required for service to patients. A suitable study area and adequate library facilities shall be available. Each laboratory shall provide students with an orientation to the facilities at the outset of the rotation.

F. SAFETY

The program shall ensure that students are provided with safety instruction and exposed to safe working practices in all participating program sites. Safety manuals and documented procedures should be available in each clinical site. Students must be made aware of the dangers involved in the handling of hazardous materials, and appropriate precautions must be taken to ensure the safety of the student at all times. There shall be documented procedures for the safe handling of biological materials in the laboratory and students must be advised of the importance of immunization programs, especially for Hepatitis B.

As students rotate through each section of the laboratory, they should receive instruction, on arrival in that section, regarding the specific hazards and safe working practices in that laboratory section. The CSLT manual "Laboratory Safety" may be used as a guide.

The mandate of accreditation is to ensure that students receive adequate and appropriate instruction in safety principles and practices, and that the educational environment ensures the safety of the students at all times.

The on-site survey team will review the laboratory facilities and safety practices of the didactic and clinical sites participating in the educational program to determine whether the students are receiving the required education in a safe and appropriate learning environment.

G. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

H. GENERAL INFORMATION

H. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Medical Laboratory Technology.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Medical Laboratory Technology
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
* Tel. (613) 731-9331, Fax (613) 731-9013

H. 2. **Certification**

(a) Certification agency: Canadian Society of Laboratory Technologists
* Council on National Certification

(b) For information regarding certification please contact:

The Executive Director
Canadian Society of Laboratory Technologists
P.O. Box 2830, Station A
Hamilton, ON L8N 3N5
* Tel. (905) 528-9642, Fax (905) 528-4968

H. 3. **Registration/Licensing**

In some provinces, there is legislation which requires technologists to be registered with the relevant licensing/regulatory authority to practise in that province.

SECTION F - NUCLEAR MEDICINE TECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in nuclear medicine technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements:

A. STAFF

The staff composition will vary depending upon the type of program and its organization. There shall be a designated program director/coordinator or program management group responsible for guiding the program as a whole, including the integration of its didactic and clinical components. This shall include regular contact with students, instructors, the faculty liaison committee and the advisory committee.

All nuclear medicine technologists participating in teaching shall be certified by the CAMRT or hold qualifications considered by the CAMRT to be equivalent.

The program should have a policy governing academic preparation, experience and expectations in continuing education required of the teaching staff. Additional education in the specific subject taught is desirable.

All faculty should be familiar with the goals of the program and should be able to develop an organized plan of instruction and evaluation. Instructors who teach basic science subjects should understand the relevance of the subject they teach to the nuclear medicine technology program as a whole.

The program should establish policies regulating teaching loads to provide time for administrative and organizational responsibilities, preparation and delivery of evaluations, counselling, and, if needed, research. Faculty responsibilities to the educational program should include participation in developing goals and objectives, the curriculum, evaluation systems and criteria, and updating of course material. Adequate clerical help should be available to relieve faculty of tasks that interfere with fulfilling these responsibilities.

The following individuals shall be involved in and contribute to the program:

(a) **Medical Director/Advisor** - a specialist in clinical nuclear medicine or with other qualifications acceptable to the conjoint committee;

* (b) **Clinical Coordinator/Instructor** - a senior nuclear medicine technologist who is certified by the Canadian Association of Medical Radiation Technologists (CAMRT) or holds qualifications considered by the CAMRT to be equivalent. This person shall have direct responsibility for teaching and organizing the clinical phase of the program.

* *The clinical coordinator/instructor should have several years' experience in nuclear medicine.*

* The responsibilities of the clinical coordinator/instructor shall include:

(i) planning and coordinating the clinical experience for the students including assignments and exams where appropriate;

(ii) planning and coordinating the orientation program;

(iii) evaluating students to help them improve, but, where necessary, suggesting remedial action or possibly terminating action;

(iv) maintaining student records and supervising the completion of the *Summary of Clinical Experience*;

(v) preserving educational cohesiveness without compromising patient care;

(vi) maintaining liaison between physicians, physicists, radiopharmacists, didactic instructors, staff technologists and students;

(vii) attending meetings of the faculty liaison committee;

(viii) keeping abreast of changes in nuclear medicine;

(ix) participating in student selection according to the program's selection policy.

(c) **Physicist** with experience in nuclear medicine and radiation physics;

(d) **Radiochemist** or **radiopharmacist** with experience in the production of radiopharmaceuticals.

Note: A physicist and a radiochemist/radiopharmacist must be available to the program as a whole and are not necessarily required in each site of a cooperative program.

B. TECHNOLOGIST/STUDENT RATIO

* A program shall have a sufficient number of certified nuclear medicine technologists to
* ensure appropriate supervision of the students at all times. All nuclear medicine
* technologists participating in student education shall be certified by the CAMRT, or hold
* qualifications considered by the CAMRT to be equivalent.

For clinical procedures a ratio of one student to one experienced nuclear medicine technologist is recommended. As students progress, graded supervision appropriate to their increasing competence is encouraged.

C. CURRICULUM

The curriculum shall encompass the CAMRT *Curriculum Guide, Nuclear Medicine Technology* and shall provide broad training, both theoretical and practical, in the use of radionuclides in diagnosis, therapy and investigation.

D. RADIATION PROTECTION AND GENERAL SAFETY

A primary objective of the educational program shall be to maximize opportunities for the student to become competent in all aspects of radiation safety, in handling hazardous materials and in routine electrical safety relevant to the performance of nuclear medicine procedures. *

Signs concerning biohazards and radiation hazards, and documentation to the effect that the laboratory meets radiation safety standards should be posted where appropriate and, with radiation dose records, be made readily available for inspection.

Safety regulations for a nuclear medicine service laboratory, as outlined from time to time by the Radiation Protection Bureau, Health Canada, and other regulatory bodies, should be adhered to. *

E. SPACE AND EQUIPMENT

Adequate space and equipment shall be provided for student education, in addition to that required for service to patients.

Minimum Equipment Requirements for an Independent Clinical Facility

(a) A reasonably up-to-date stationary imaging device;
(b) Dose calibrator;
(c) Survey meter, area monitor;
(d) Multisample gamma well-counter;
(e) Laboratory equipment required for radiopharmaceutical quality control;
(f) Film processor;
(g) Data analysis system;
(h) Laboratory equipment required for in vitro assays.

It is intended that this equipment be available to the program, but it need not be in each site of a cooperative program.

Institutions participating in a program dependent on rotations through several departments must ensure that the rotations provide the students with the opportunity to work with all of the above.

Ideally, a gamma camera and well-counter should be available or be made available to students for supervised laboratory exercises in quality control and imaging.

Students should be able to demonstrate to a qualified supervisor that they have mastered the theory and practice of essential clinical skills under simulated conditions before assuming actual clinical responsibilities.

F. TYPES OF PATIENT EXAMINATIONS

In view of the rapid changes taking place in the techniques and practice of nuclear medicine, it is unwise to list the types of patient examinations that students must perform. It is implicit, however, that they shall include in vivo imaging, in vivo nonimaging, and in vitro studies, including radioassay techniques.

G. SUMMARY OF CLINICAL EXPERIENCE

* The program shall ensure the completion of the *Summary of Clinical Experience* for each
* student, according to CAMRT requirements.

H. PROGRAM LENGTH

The total length of an educational program in nuclear medicine technology shall be sufficient for the average student to meet the objectives of the program and the prescribed standards of the certification/registration body. The conjoint committee must be satisfied that the didactic and clinical portions are well integrated and balanced. The students
* shall complete all of their training by the day of the certification examination.

There are many acceptable models that can be designed so the didactic and clinical objectives of the program will be met. On the average, nuclear medicine technology programs are approximately 95 weeks in total length excluding the time provided for vacation and academic or term breaks.

Individual program objectives, design, facilities and resources will determine the length of the clinical segment, however, as a minimum, there should be approximately 48 weeks of clinical experience excluding the time provided for vacation and academic or term breaks.

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. Students have the right to know what vacation times, holidays etc. are available to them during the program.

I. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance). *

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

J. GENERAL INFORMATION

J. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation
of Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON KIG 0G8
Tel. (613) 731-9331, Fax (613) 731-9013 *

J. 2. Certification

(a) Certification agency: Canadian Association of Medical Radiation Technologists

(b) A kit containing the CAMRT *Curriculum Guide, Nuclear Medicine Technology*, the *Summary of Clinical Experience* and information on CAMRT examinations may be obtained from:

The Executive Director
Canadian Association of Medical Radiation
Technologists
601-294 Albert Street
Ottawa, ON KIP 6E6
Tel. (613) 234-0012, Fax (613) 234-1097 *

J. 3. Registration/Licensing

In some provinces, there is legislation which requires technologists to be registered with the relevant licensing/regulatory authority to practise in that province.

SECTION G - OPHTHALMIC MEDICAL ASSISTING TECHNOLOGY

ACCREDITATION OF EDUCATIONAL PROGRAMS AT THE OPHTHALMIC MEDICAL TECHNICIAN LEVEL AND OPHTHALMIC MEDICAL TECHNOLOGIST LEVEL

A. ACCREDITATION PROCESS

The accreditation of educational programs in ophthalmic medical assisting technology is accomplished through a cooperative Canadian/US process involving the following committees and organizations:

Canadian Committees

- Committee on Conjoint Accreditation
- Advisory Committee on Ophthalmic Medical Assisting Technology

US Organizations

- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Joint Review Committee for Ophthalmic Medical Personnel (JRCOMP)

B. ACCREDITATION

Accreditation agency: Committee on Conjoint Accreditation.

For information on the accreditation process and specific accreditation requirements please contact:

The Coordinator
Committee on Conjoint Accreditation
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013

OR

JRCOMP Coordinator
Joint Review Committee for
Ophthalmic Medical Personnel
2025 Woodlane Drive
St. Paul, Minnesota 55125-2995
Tel. (612) 731-2944
Fax (612) 731-0410

C. CERTIFICATION

Certification agency: Joint Commission on Allied Health Personnel in Ophthalmology.

For information on certification please contact:

Joint Commission on Allied Health Personnel in
Ophthalmology
2025 Woodlane Drive
St. Paul, MN 55125-2995

SECTION H - RADIATION THERAPY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in radiation therapy encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements: *

A. STAFF

The staff composition will vary depending upon the type of program and its organization. The following individuals shall be involved in and contribute to the program.

A. 1. Program Director/Coordinator

The program director/coordinator shall be responsible for the guidance and direction of the program as a whole, including the integration of the didactic and clinical components. This direction shall include the organization, administration, periodic review, continued development and general effectiveness of the program.

Where the program director/coordinator's responsibilities include clinical instruction and/or supervision of the instructional staff in the clinical applications of radiation therapy, the program director/coordinator shall be an experienced radiation therapist who * is certified by the Canadian Association of Medical Radiation Technologists (CAMRT) * or holds qualifications considered by the CAMRT to be equivalent.

A. 2. Medical Director/Advisor

The medical director/advisor shall guide and advise the program.

> *This participation could include goal determination, curriculum development and instruction.* *

The medical director/advisor shall be a specialist in radiation oncology who is certified by the Royal College of Physicians and Surgeons of Canada or who holds other qualifications acceptable to the conjoint committee, and shall be a full-time staff member of the hospital/cancer centre.

> *Through regular contact with students, instructors and the advisory committee, the medical director/advisor demonstrates interest in the program and provides input in areas such as student selection, evaluation and the professional development of the staff involved in the training program.*

A. 3. Clinical Coordinator/Instructor (see section B)

* **A. 4. Didactic Program Staff**

* The program shall have sufficient teaching staff to ensure that the objectives of the
* didactic component are met. All radiation therapists participating in teaching shall be
* certified by the CAMRT or hold qualifications considered by the CAMRT to be
* equivalent.

The program should have a policy governing academic preparation and experience required of the teaching staff. Additional education
* *in the specific subject taught is desirable. All faculty should be familiar with the goals of the program and should be able to develop an organized plan of instruction and evaluation. The instructors should possess a good knowledge of the subject matter, the ability to present the subject in an effective manner, and a positive attitude toward teaching and students; they should demonstrate current participation in continuing education designed to improve instructional skills and maintain professional competence.*

Instructors who teach basic science or patient care related subjects should have some knowledge and interest in the field of radiation therapy so that the subject is made relevant to the practice.

The program should establish policies regulating teaching loads to provide time for administrative and organizational responsibilities, preparation and delivery of instruction, preparation and delivery of evaluations, counselling, and, if needed, research. Adequate clerical help should be available to relieve faculty of tasks that interfere with fulfilling their responsibilities to the educational program in areas such as participation in developing goals and objectives, the curriculum, evaluation systems and criteria, and updating of course material.

A. 5. Clinical Physicist

A medical radiation physicist shall be an active participant in the program.

* *Participation should include providing guidance and advice to the clinical coordinator/instructor, and participating in curriculum development and instruction.*

A. 6. Clinical Department Staff

* All radiation therapists participating in the educational program shall be certified by the
* CAMRT, or hold qualifications considered by the CAMRT to be equivalent.

* *Clinical staff participating in the program should be able to offer*
* *evidence of continuing professional development in their specialty.*
* *Continuing professional development could include the following*
* *activities and initiatives: courses, seminars, workshops, annual*
* *professional conferences, advanced certification programs,*
* *maintenance of membership in the relevant professional body(ies),*
* *professional exchanges, etc.*

There should be a sufficient number of radiation therapists in the department to carry on the workload without the assistance of the students. For clinical procedures a ratio of one student to a minimum of one experienced therapist is recommended. Students should have adequate and proper supervision during all clinical rotations. A certified radiation therapist should provide direct supervision when a student is working in a treatment area.

Although a student should not assume the responsibilities of a staff therapist, the student may perform clinical procedures under appropriate supervision, when judged by a qualified supervisor to be competent to carry out these procedures.

B. **Clinical Coordinator/Instructor**

There shall be a clinical coordinator/instructor in charge of clinical education.

B. 1. **Responsibilities of the Clinical Coordinator/Instructor**

The primary objective of the clinical coordinator/instructor shall be to ensure that appropriate instruction and assistance are provided to the student to enable him/her to meet the objectives of the clinical segment of the program.

The responsibilities of the clinical coordinator/instructor shall include:

(a) planning and implementation of the orientation program as laid out in the CAMRT *Curriculum Guide, Radiation Therapy*;

The clinical coordinator/instructor should design and carry out an orientation program to familiarize the students with the hospital/cancer centre, the radiation therapy department and the profession.

The clinical coordinator/instructor should prepare an outline for an orientation program that follows the description in the current CAMRT Curriculum Guide, Radiation Therapy.

(b) provision of liaison between staff therapists, didactic program instructors and the students;

Where more than one facility is associated with the program, the faculty liaison committee provides a vehicle for didactic/clinical liaison.

(c) correlation of the didactic and clinical components of the educational program;

The clinical coordinator/instructor should work toward integration of a total program and should have sufficient knowledge of the didactic material being taught in the program to help the students apply the theoretical knowledge to the practice of radiation therapy.

(d) total responsibility for the planning and coordination of the educational activities of the students for the duration of the clinical segment of the program;

The clinical coordinator/instructor should prepare and make available to the students an educationally valid plan for the entire clinical segment including classroom/lab activities as required and clinical experience within the department. The proposed schedules could be prepared and disseminated in blocks, segments or semesters.

(e) coordination of assignments and examinations to supplement the clinical experience;

The clinical coordinator/instructor should facilitate the student's review of didactic material by providing appropriate support, for example, adequate study time, assignment due dates and scheduled examinations. Ideally a standardized format for assignments and examinations should be developed by the faculty liaison committee. Records of progress and achievement should be maintained by the clinical coordinator/instructor and made available to the program director/coordinator.

(f) maintenance of student records as described in Part I of the *Basis of Accreditation*;

Student records may be maintained in various locations. The coordinator/instructor should be aware of their location and conscious of their confidential nature and of the student's right to have the confidentiality respected.

* (g) provision of a varied and complete competency-based clinical experience to the students;

The clinical experience should be so structured that the graduates of the program will be competent to perform, to an acceptable professional standard, all of the duties required of a radiation
* *therapist.*

* *The clinical coordinator/instructor should provide practical demonstrations and gradually move the students through the clinical training steps until the students are able to perform even very complex procedures unaided.*

(h) supervision of the completion of the CAMRT *Summary of Clinical Experience*;

The CAMRT Summary of Clinical Experience should be kept in accordance with the recommendations of the Committee on Education (Therapy).

(i) assessment of the students' competency in radiation therapy; *

The clinical coordinator/instructor should provide ongoing assessment of each student's performance to ensure that the current clinical objectives are being met. A summary record of evaluations for each student should be maintained in the student's file. The clinical coordinator/instructor should keep the student posted on his/her progress in the clinical segment of the program and provide suggestions for improvement when needed. * *

(j) attendance at all meetings of the clinical coordinators/instructors' committee, and/or appropriate program committee(s);

(k) involvement in the selection of students according to the program's selection policy;

The clinical coordinator/instructor should participate in the selection of students. Clear policies should be established defining the criteria for admission to the program. The selection procedures may include interviews and a review of academic records.

B. 2. **Qualifications of the Clinical Coordinator/Instructor**

The clinical coordinator/instructor shall be a radiation therapist who is certified by the CAMRT or holds qualifications considered by the CAMRT to be equivalent. * * *

Clinical coordinators/instructors seeking appointment or retention should be evaluated in terms of:

- *educational and professional performance as determined by the institution's regular program of evaluation for staff;*
- *ability to evaluate students constructively;*
- *ability to preserve educational cohesiveness without compromising the patient care responsibilities of the radiation therapy department;*
- *ability and willingness to keep abreast of changes in the field of radiation oncology.*

B. 3. Clinical Coordinator/Instructor - Student Ratio

(a) Facilities with more than three students

All hospital/cancer centre facilities with more than three students who spend the major part of any year in that clinical facility shall have the equivalent of a full-time clinical coordinator/instructor.

> *The following ratio of students to clinical coordinator/instructor is recommended: 4-8 students - 1 full-time clinical coordinator/instructor; 9-12 students - 1 full-time and 1 half-time clinical coordinator/instructor; more than 12 students - 2 full-time clinical coordinators/instructors.*

(b) Facilities with three or fewer students

All facilities with three or fewer students shall designate a part-time clinical coordinator/instructor who shall have sufficient protected time, free from service responsibilities, to fulfill the responsibilities of the position as outlined in the *Basis of Accreditation*.

(c) Facilities which provide both the didactic and clinical education

A facility which provides both the didactic and clinical education shall ensure sufficient staff to provide appropriate instruction and supervision in both segments of the program. A designated clinical coordinator/instructor shall be available to students when they are in the clinical setting. The equivalent of a full-time clinical coordinator/instructor shall be present in facilities with more than three students. If the clinical coordinator/instructor carries responsibilities in both the didactic and clinical segments of the program, provision shall be made for an alternate clinical coordinator/instructor to be designated when the clinical coordinator/instructor is occupied in the didactic setting.

C. FACILITIES

A hospital/cancer centre shall have a minimum of 500 varied cases per year.

The following are minimum requirements for an institution to participate in the education of radiation therapists:

(a) one superficial therapy unit;

(b) at least one Cobalt-60 unit or Linear Accelerator;

(c) radium or cesium sources;

(d) simulator; and

(e) computerized treatment planning facilities.

D. PROTECTION

Proper protective practices shall be followed in all training areas for the adequate protection of patients and workers. Personnel shall be protected in accordance with the regulations contained in the latest publication of the Radiation Protection Division, Health Canada, and provincial regulations. Periodic testing of protective devices is mandatory. *

Protection records shall include:

(a) records of testing of protection devices;

(b) radiation monitoring reports (posted in departments in suitable locations);

(c) reports of radiation surveys;

> *Students should be aware of quality control procedures. There should be a policy in effect in case of overexposure by any member of staff or any of the students.*

(d) records of quality assurance programs.

E. ORIENTATION PERIOD

The student shall have an opportunity, at the beginning of his/her didactic program, to obtain a reasonable understanding of the health delivery system, the hospital/cancer centre, the department of radiation oncology and the role of the certification/registration body. The orientation period is included as part of the total length of the educational program.

> *The orientation period should take place in the first few months of the program. The length of the orientation is a matter for individual program determination. However, it should be long enough for students to meet the objectives as set out in the current CAMRT Curriculum Guide, Radiation Therapy. A well-designed orientation period of 7 to 10 working days should be adequate.* *

F. SUMMARY OF CLINICAL EXPERIENCE

The program shall ensure the completion of the *Summary of Clinical Experience* for each student, according to CAMRT requirements. * *

G. PROGRAM LENGTH

The total length of an educational program in radiation therapy shall be sufficient for the average student to meet the objectives of the program and the prescribed standards of the certification/registration body. The conjoint committee must be satisfied that the didactic and clinical portions are well integrated and balanced.

There are many acceptable models that can be designed so the didactic and clinical objectives of the program will be met. On the average, radiation therapy programs are between 95-120 weeks in total length excluding the time provided for vacation and academic or term breaks.

Individual program objectives, design, facilities and resources will determine the length of the clinical segment, however, as a minimum, there should be approximately 52 weeks of clinical experience excluding the time provided for vacation and academic or term breaks.

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. Students have the right to know what vacation times, holidays etc. are available to them during the program.

H. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

I. GENERAL INFORMATION

I. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013

I. 2. Certification

(a) Certification agency: Canadian Association of Medical Radiation Technologists

(b) A kit containing the CAMRT *Curriculum Guide, Radiation Therapy*, the *Summary of Clinical Experience* and information on CAMRT examinations may be obtained from:

The Executive Director
Canadian Association of Medical Radiation Technologists
601-294 Albert Street
Ottawa, ON KIP 6E6
Tel. (613) 234-0012, Fax (613) 234-1097

I. 3. Registration/Licensing

In some provinces, there is legislation which requires technologists to be registered with the relevant licensing/regulatory authority to practise in that province.

SECTION I - RADIOLOGICAL TECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in radiological technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements:

A. STAFF

A. 1. Didactic Program Staff

The program shall have sufficient teaching staff to ensure that the objectives of the didactic component are met. All radiological technologists participating in teaching shall be certified by the Canadian Association of Medical Radiation Technologists (CAMRT) or hold qualifications considered by the CAMRT to be equivalent.

The program should have a policy governing academic preparation and experience required of the teaching staff. Additional education in the specific subject taught is desirable. All faculty should be familiar with the goals of the program and should be able to develop an integrated plan of instruction and evaluation. The instructors should possess a good knowledge of the subject matter, the ability to present the subject in an effective manner, and a positive attitude toward teaching and students; they should demonstrate current participation in continuing education designed to improve instructional skills and maintain professional competence.

Instructors who teach basic science or other nonspecialty subjects should have some knowledge and interest in the field of radiological technology so that the subject is made relevant to the practice.

The program should establish policies regulating teaching loads to provide time for administrative and organizational responsibilities, preparation and delivery of instruction, preparation and delivery of evaluations, counselling, and, if needed, research.

Adequate clerical help should be available to relieve faculty of tasks that interfere with fulfilling their responsibilities to the educational program in areas such as participation in developing goals and objectives, the curriculum, evaluation systems and criteria, and updating of course material.

A. 2. Staff at a Clinical Site

The staff composition will vary depending upon the type of program and its organization. There must be a designated program director/coordinator who shall be responsible for the program, but this position need not necessarily be filled by a physician. The following individuals must be involved in and contribute to the program:

(a) a medical director/advisor (see section B)

(b) a clinical coordinator/instructor (see section C)

(c) other technical personnel who shall be certified by the CAMRT or hold qualifications considered by the CAMRT to be equivalent.

Clinical staff participating in the program should be able to offer evidence of continuing professional development in their specialty. Continuing professional development could include the following activities and initiatives: courses, seminars, workshops, annual professional conferences, advanced certification programs, maintenance of membership in the relevant professional body(ies), professional exchanges, etc.

There should be a sufficient number of certified technologists in the department to carry on the workload without assistance from the students. For clinical procedures a ratio of one student to one experienced technologist is recommended.

Students should have adequate and proper supervision during all clinical assignments, which would include direct supervision during the initial stages of achieving clinical competence. The following conditions should be considered in determining the need for direct supervision: the staff technologist reviews requests for a radiographic examination - (a) to determine the capability of the student to perform the examination with reasonable success; or (b) to determine if the condition of the patient contraindicates performance of the examination by the student. If either of the above determinants is questionable or negative, the staff technologist should be present in the radiographic room. A staff technologist checks and approves the radiographs prior to the dismissal of the patient.

A student in later stages of clinical education should work under the supervision of a certified technologist who is on the premises, in the vicinity of the radiographic area, and available for immediate assistance. It is suggested that repeat radiographic examinations be performed while the staff technologist is present in the radiographic room.

Although a student should not assume the responsibilities of a staff technologist, the student may perform clinical procedures under appropriate supervision when judged by a qualified supervisor to be competent to carry out these procedures.

B. MEDICAL DIRECTOR/ADVISOR

A clinical program site shall designate a medical director/advisor who is:

(a) certified in diagnostic radiology by the Royal College of Physicians and Surgeons of Canada or an equivalent acceptable to the conjoint committee;

(b) in attendance at least 50% of the usual work period.

The medical director/advisor should be aware of and may wish to participate in program activities such as goal determination, curriculum development and instruction. The medical director/advisor's function with respect to the portion of the educational program provided in the clinical area should be to guide and advise the program. Through regular contact with students, instructors and the advisory committee, the medical director/advisor demonstrates interest in the program and provides input in areas such as student selection, evaluation and the professional development of the instructor(s). *

C. CLINICAL COORDINATOR/INSTRUCTOR *

A clinical program site shall designate a clinical coordinator/instructor or senior technologist in charge of clinical education. *

C. 1. Qualifications of the Clinical Coordinator/Instructor *

The clinical coordinator/instructor shall be certified as a radiological technologist by the CAMRT or hold qualifications considered by the CAMRT to be equivalent. * *

A clinical coordinator/instructor seeking appointment or retention should be evaluated in terms of: *

- *educational and professional performance as determined by the institution's regular program of faculty and staff evaluation;*
- *ability to evaluate students in a way that helps them improve;*
- *ability to preserve educational cohesiveness without compromising the patient care responsibilities of the radiology department;*
- *ability and willingness to keep abreast of changes in the practice of radiological technology.*

* C. 2. **Responsibilities of the Clinical Coordinator/Instructor**

* The primary objective of the clinical coordinator/instructor shall be to ensure that students receive instruction and assistance, on a one-to-one basis, during the performance of radiographic procedures.

* The responsibilities of the clinical coordinator/instructor shall include:

(a) planning and implementation of the orientation program as laid out in the CAMRT *Curriculum Guide*;

* *The clinical coordinator/instructor should design and carry out an orientation program to familiarize the student with the hospital, the radiology department and the profession of radiological technology.*
* *The clinical coordinator/instructor should prepare an outline for an orientation program that follows the description in the current CAMRT Curriculum Guide.*

(b) provision of liaison between the staff technologists, didactic instructors and the students;

Where more than one clinical site is associated with a didactic site
* *the faculty liaison committee provides a vehicle for didactic/clinical*
* *integration.*

(c) correlation of the didactic and clinical components of the educational program;

* *The clinical coordinator/instructor should have sufficient knowledge of the didactic material being taught in the program to help the students apply the theoretical knowledge to the practice of*
* *radiological technology. The clinical coordinator/instructor should work toward integration of a total program.*

(d) total responsibility for planning and coordination of the educational activities of the students for the duration of the clinical segment of the program;

* *The clinical coordinator/instructor should prepare and make available to the students and staff an educationally valid plan for the entire clinical segment including classroom/lab activities as required and clinical experience within the department. The proposed schedules could be prepared and disseminated in blocks, segments or semesters.*

(e) coordination of assignments and examinations to supplement the clinical experience;

* *The clinical coordinator/instructor should facilitate the student's review of didactic material by providing appropriate support, for example, adequate study time, assignment due dates and scheduled examinations.*

Ideally a standardized format for assignments and examinations should be developed by the faculty liaison committee. Records of progress and achievement should be maintained by the clinical coordinator/instructor and made available to the didactic program site. *

(f) maintenance of student records as set out in Part I of the *Basis of Accreditation*;

The location and nature of all of the student records varies from program to program. The instructors should be aware of their location and conscious of their confidential nature and of the student's right to have the confidentiality respected.

(g) provision of a varied and complete competency-based clinical experience for the students including one-to-one instruction and assistance; *

Although staff technologists will assist in providing students with one-to-one instruction and supervision, the clinical coordinator/instructor should spend an appropriate amount of time with each student in the clinical setting to ensure fulfullment of the stated responsibilities for instruction and evaluation of students. * * *

The clinical education should be so structured that graduates of the program will be able to perform radiographic examinations to acceptable professional standards and know how to use a wide variety of X-ray equipment.

Sufficient time should be provided in the various clinical areas to permit the student adequate time to complete the requirements of the CAMRT Summary of Clinical Experience.

For the specialized B-level procedures, i.e., angiography, myelography and computed tomography, a combined total clinical rotation of 4 weeks should be sufficient. If these procedures are not performed at the base hospital, the student should rotate to another facility to gain the required experience.

If there is no pediatric service provided in the clinical sites where students train, students should have a minimum of 4 weeks' experience in a pediatric facility.

The clinical coordinator/instructor should provide practical demonstrations and gradually move the students through the clinical training steps until the students are able to perform even very complex procedures unaided. *

(h) supervision of the completion of the CAMRT *Summary of Clinical Experience* by each student;

(i) assessment of the students' competency in radiological technology;

The clinical coordinator/instructor should provide ongoing assessment of each student's performance to ensure that current clinical objectives are being met. A summary record of evaluations for each student should be made available for the student's file.

The clinical coordinator/instructor should keep students posted on their progress in the clinical segment of the program and provide suggestions for improvements as needed.

(j) attendance at all meetings of the clinical instructors' committee and/or appropriate program committee(s);

(k) involvement in the selection of students according to the program's established selection policy.

The clinical coordinator/instructor should participate in the selection of students. Clear policies should be established defining the criteria for admission to the program. The selection procedures may include interviews and a review of academic records.

C. 3. **Clinical Coordinator/Instructor-Student Ratio**

(a) Facilities with more than three students

All hospital departments or facilities with more than three students who spend the major part of any year in that clinical facility must appoint or designate a full-time clinical coordinator/instructor who shall be in charge of student education. This person must be someone other than the senior or chief technologist.

The following ratio of students to clinical coordinator/instructor is recommended: 4-8 students - 1 full-time clinical coordinator/instructor; 9-12 students - 1 full-time and 1 half-time clinical coordinator/instructor; more than 12 students - 2 full-time clinical coordinator/instructors.

(b) Facilities with three or fewer students

All hospital departments or facilities with three or fewer students shall designate a part-time clinical coordinator/instructor who shall be in charge of student education and who shall have sufficient protected time, free from service responsibilities, to fulfill the responsibilities of the position as outlined in the *Basis of Accreditation*.

(c) Facilities which provide both the didactic and clinical education

A facility which provides both the didactic and clinical education shall ensure sufficient staff to provide appropriate instruction and supervision in both segments of the program. A designated clinical coordinator/instructor shall be available to students when they are in the clinical setting. The equivalent of a full-time clinical coordinator/instructor shall be present in facilities with more than three students. If the clinical coordinator/instructor carries responsibilities in both the didactic and clinical segments of the program, provision shall be made for an alternate clinical coordinator/instructor to be available to students when the clinical coordinator/instructor is occupied in the didactic setting. *

D. FACILITIES

A clinical site participating in an educational program in radiological technology shall have a minimum of 15,000 varied examinations per year (exclusive of admission or survey checks). However, smaller institutions may participate with the approval of the conjoint committee.

> *Modern radiographic equipment in adequate variety should be available. The equipment should be accurately calibrated and in working order and should meet applicable national standards. The quality of the radiographic work produced should be of an acceptable standard.*

A clinical site shall be able to offer a work area for each student, appropriate to the staged clinical education requirements. Examples of work areas would be: a radiographic room, a fluoroscopic room, operating room areas (considered together as one work area), mobiles (considered together as one work area) or a special procedures room.

Minimum requirements for a clinical site to participate in an educational program in radiological technology are:

(a) three training areas;

(b) one radiographic fluoroscopic room containing at minimum a 300-MA single-phase unit or a 500-MA three-phase unit;

(c) one general radiographic room containing a minimum 200-MA unit;

(d) one mobile unit;

(e) conventional or computed tomographic capability.

Technique charts shall be available for the above equipment.

Energized radiographic equipment should be made available on a regular schedule to the students, either through the clinical education centre or at the didactic site. Nonenergized laboratories may also be used as appropriate. The equipment in the laboratory should aid in the development of clinical competency, and the objectives and evaluation methods for the use of this equipment should be made available to the students. Laboratory supervision should be available during laboratory hours.

Documentation demonstrating that the energized laboratory meets radiation safety regulations should be posted or otherwise readily available for inspection.

The institution should provide for the certification of a laboratory according to the prevailing standards. Laboratories should not be considered as substitutes for patient-oriented clinical education in health care facilities, but they may replace the classroom for presentation of some of the radiographic principles. If a laboratory is not available the program should provide the students with practice and demonstrations prior to allowing them to apply principles on patients.

Students should be able to demonstrate to a qualified supervisor that they have mastered the theory and practice of essential clinical skills under simulated conditions prior to assuming actual clinical responsibilities.

An imaging laboratory or equivalent with appropriate quality control instruments (densitometers, sensitometers etc.) should be available to the students. A teaching file of radiographs both for imaging and for radiographic technique should be available as a resource to the students.

E. PROTECTION

Proper protective practices shall be followed for the adequate protection of patients and workers. Personnel shall be protected in accordance with the regulations contained in the latest publication of the Radiation Protection Division, Health Canada, and provincial regulations. Periodic testing of protective devices is mandatory.

Protection records shall include:

(a) records of testing of protection devices;

(b) radiation monitoring reports (posted in departments in suitable locations);

(c) reports of radiation surveys;

Students should be aware of quality control procedures. There should be a policy in effect in case of overexposure by any member of staff or any of the students. Radiation barriers and protectors should be inspected regularly, and records should be available for inspection.

(d) records of quality assurance programs.

F. ORIENTATION PERIOD

Opportunity shall be given to the student, at the beginning of his/her didactic program, to obtain a reasonable understanding of the health care delivery system, the hospital, the department of radiology and the role of the certification/registration body. The orientation period is included as part of the total length of the educational program.

The orientation period should take place in the first few months of the program. The length of the orientation is a matter for individual program determination. However, it should be long enough for students to meet the objectives as set out in the current CAMRT Curriculum Guide. A well-designed orientation period of 7 to 10 working days should be adequate.

G. SUMMARY OF CLINICAL EXPERIENCE

The program shall ensure the completion of the *Summary of Clinical Experience* for each student, according to CAMRT requirements. *

H. PROGRAM LENGTH

The total length of an educational program in radiological technology shall be sufficient for the average student to meet the objectives of the program and the prescribed standards of the certification/registration body. The conjoint committee must be satisfied that the didactic and clinical portions are well integrated and balanced.

There are many acceptable models that can be designed so the didactic and clinical objectives of the program will be met. On the average, radiological technology programs are approximately 95 weeks in total length excluding the time provided for vacation and academic or term breaks.

Individual program objectives, design, facilities and resources will determine the length of the clinical segment, however, as a minimum, there should be approximately 52 weeks of clinical experience excluding the time provided for vacation and academic or term breaks.

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. Students have the right to know what vacation times, holidays etc. are available to them during the program.

I. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

J. GENERAL INFORMATION

J. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013

J. 2. Certification

(a) Certification agency: Canadian Association of Medical Radiation Technologists.

(b) A kit containing the CAMRT *Curriculum Guide*, the *Summary of Clinical Experience* and information on CAMRT examinations may be obtained from:

The Executive Director
Canadian Association of Medical Radiation Technologists
601-294 Albert Street
Ottawa, ON K1P 6E6
(613) 234-0012, Fax (613) 234-1097

J. 3. Registration/Licensing

In some provinces, there is legislation which requires technologists to be registered with the relevant licensing/regulatory authority to practise in that province.

SECTION J - RESPIRATORY THERAPY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in respiratory therapy encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specific requirements: *

A. DIRECTION/COORDINATION AT A DIDACTIC SITE

There shall be a mechanism for direction/coordination of the program at a didactic site. * The responsibilities for program direction/coordination may be shared, however, the * specific responsibilities of each person shall be clearly documented and communicated * to staff and students. There shall be at least one person in a coordinating capacity who * is a certified respiratory therapist, and who is up to date with the current practice of * respiratory therapy. There shall also be appropriate administrative and educational * expertise available to ensure effective administration of the program. *

B. STAFF AT A CLINICAL SITE

B. 1. Medical Director/Advisor

There shall be a specifically designated medical director/advisor at each clinical program site.

(a) The medical director/advisor shall hold qualifications acceptable to the conjoint committee;

(b) The medical director/advisor shall have an understanding of the program and its * objectives, and shall provide direction and advice for the clinical education of the * students. *

> *The medical director/advisor should participate in goal determination, curriculum development and instruction. The medical director/advisor's function with respect to the portion of the educational program provided in the clinical site should be to guide and assist the program. Through regular contact with students, instructors and the advisory committee, the medical director/advisor demonstrates interest in the program and provides advice in areas such as student selection, evaluation and the professional development of the instructors.*

B. 2. Clinical Coordinator/Instructor *

There shall be a specifically designated clinical coordinator/instructor at each clinical * program site. The responsibilities of the clinical coordinator/instructor may be shared * at a given site, however, the specific responsibilities of each person shall be clearly * documented and communicated to all staff and students. There shall be mechanisms to *

* ensure that the responsibilities for clinical coordination/instruction and evaluation of
* students are carried out, and that effective communication strategies are in place to
* achieve didactic/clinical integration.

* (a) The clinical coordinator/instructor shall be a certified respiratory therapist;

* (b) The clinical coordinator/instructor shall not be the respiratory therapy department's chief therapist nor assistant chief therapist if the clinical site is responsible for the training of four or more students;

* (c) The clinical coordinator/instructor shall have several years of experience in respiratory therapy.

* *Clinical coordinators/instructors seeking appointment or retention should be evaluated in terms of:*

(i) educational and professional performance as determined by the institution's regular program of faculty and staff evaluation;

(ii) ability to evaluate students in a way that helps them improve;

(iii) ability to preserve educational cohesiveness without compromising the patient care responsibilities of the respiratory therapy department;

(iv) ability and willingness to keep abreast of changes in the practice of respiratory therapy;

(v) sufficient knowledge of the didactic material being taught in the program to help the students apply the theoretical knowledge to the practice of respiratory therapy.

* (d) The clinical coordinator/instructor shall be responsible for:

(i) planning and implementing the orientation program;

(ii) providing a varied and complete clinical experience for the students including one-to-one instruction and supervision;

(iii) providing liaison between staff therapists, didactic instructors and students;

(iv) correlating the didactic and clinical components of the program;

The clinical instructor should have sufficient knowledge of the didactic material to help students apply theory to practice.

(v) planning and coordinating the educational activities of the students for the duration of the clinical experience;

(vi) evaluating the students' competence to perform clinical procedures;

(vii) maintaining student records.

C. THERAPIST/STUDENT RATIO

A ratio of one staff therapist to each student shall be maintained in each clinical program site. Students shall have adequate and appropriate supervision during all clinical assignments to ensure that they will not be required to perform tasks beyond their level of competence. *

The following protocol should aid in the determination of the need for direct supervision: the staff therapist reviews requests for respiratory therapy - (a) to determine the capability of the student to perform the therapy or procedure with reasonable success; or (b) to determine if the condition of the patient contraindicates performance of the therapy or procedure by the student. If either of the above determinants is questionable or negative the staff therapist should be present during the therapy or procedure. *

As the student progresses in his/her clinical education and capabilities, adequate and proper supervision can be provided by a staff therapist on the premises or in the vicinity of a patient area who is available for immediate assistance to the student. Although a student should not assume the responsibilities of a staff therapist, the student may perform clinical procedures under appropriate supervision when judged by a qualified supervisor to be competent to carry out these procedures. *

D. CURRICULUM AND OTHER RESOURCES

There shall be objectives and curricula for both didactic and clinical portions of the program based on the national curriculum. The program shall ensure that all students are provided with a consistent opportunity to meet all didactic and clinical objectives. * * *

E. CLINICAL EDUCATION

E. 1. Planning and Coordination of the Clinical Experience

The clinical experience shall be developed from competency-based performance objectives. The program staff shall document an educationally valid plan for the clinical experience, which shall enable the students to meet all requirements of the national curriculum. Adequate time shall be provided in various clinical areas to permit students to achieve competence with a sufficient quantity and variety of respiratory therapy procedures and equipment. *

The clinical instructor shall provide practical demonstrations and gradually move the students through the clinical training until the students are able to perform even very complex procedures unaided. The program shall be so structured that graduates will be able to perform specialized respiratory therapy procedures to acceptable professional standards and know how to use a wide variety of respiratory therapy equipment.

When several clinical centres participate in a total program, the various clinical experiences shall be adequately coordinated, in terms of objectives, content and evaluation, to ensure a consistent learning opportunity for each student.

E. 2. **Evaluation of Student Performance**

Students shall be evaluated in the clinical setting on an ongoing basis. The evaluation process shall be documented and shall measure the students' clinical competence and progress in meeting the objectives of the program. The clinical coordinator/instructor shall maintain records of evaluation of student performance.

Records of evaluation should be made available to the didactic site. The location and nature of all of the student records vary from program to program. The instructors should be aware of their location and conscious of their confidential nature and of the students' right to have their confidentiality respected.

F. ORIENTATION PERIOD

Opportunity shall be given to students prior to commencement of their didactic studies to obtain a reasonable awareness of the role of respiratory therapy in the health care system.

The clinical coordinator/instructor should design and carry out an orientation program to familiarize the student with the clinical site, the respiratory therapy department and the profession of respiratory therapy. The clinical coordinator/instructor should prepare an outline that delineates the objectives for the orientation period.

G. PROGRAM LENGTH

The length of an educational program in respiratory therapy shall be sufficient for the average student to meet the didactic and clinical objectives of the program within the prescribed time.

The length of the clinical portion of the program should be acceptable to the conjoint committee and will not usually be less than 40 weeks exclusive of vacation periods.

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. The students have the right to know what vacation times, holidays etc. are available to them during the program.

H. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (see Part III C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

I. GENERAL INFORMATION

I. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Cardiovascular Perfusion and Respiratory Therapy.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of *
Educational Programs in Cardiovascular Perfusion *
and Respiratory Therapy *
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON KIG 0G8
Tel. (613) 731-9331, Fax (613) 731-9013 *

I. 2. Certification

(a) Certification agencies:

- Canadian Society of Respiratory Therapists
  (Examination agency: Canadian Board for Respiratory Care)
- La Corporation professionnelle des inhalothérapeutes du Québec (CPIQ) *

(c) Information on curriculum and certification requirements can be obtained from: *

The Executive Director
Canadian Society of Respiratory Therapists
102-1785 Alta Vista Drive
Ottawa, ON KIG 3Y6
Tel. (613) 731-3164, Fax (613) 521-4314 *

OR

Le président *
La Corporation professionnelle des inhalothérapeutes du Québec *
1610, rue Sainte-Catherine ouest, bureau 409 *
Montréal (Québec) H3H 2S2 *
Tel. (514) 931-2900, Fax (514) 931-3621 *

I. 3. Registration/Licensing

In some provinces, there is legislation which requires therapists to be registered with the relevant licensing/regulatory authority to practise in that province.

Basis of Accreditation
Part III

Accreditation Procedures
for all Educational Programs

A. CATEGORIES OF ACCREDITATION AND NON-ACCREDITATION *

A.1 Categories of Accreditation

The accreditation status of each program site is determined by the conjoint committee. At its discretion, and with just cause, the conjoint committee reserves the right to conduct a resurvey of an accredited program site before the term of the accreditation status expires. If such a resurvey is required, the program site will be given advance notice. * * *

FULL ACCREDITATION

This status is accorded to a program site for a maximum of 5 years when there is evidence that the major requirements for accreditation have been met. * * *

The conjoint committee may request a written report from the program site within a specified time outlining the program's response to minor program improvements recommended in the survey report.

Newly-accredited program sites may be required to submit a written progress report to the conjoint committee within 2 years.

A program site that does not maintain a continuous training program must notify the conjoint committee if the site has not had students for 2 consecutive years. * *

CONDITIONAL ACCREDITATION

This status is accorded to a program site when there is evidence that one or more of the major requirements for accreditation has not been completely met. * * *

Accreditation is conditional upon the implementation of the major requirements for accreditation outlined in the accreditation survey report and upon submission of a written report to the conjoint committee, within the time specified in the survey report, outlining the remedial action that has been taken.

The conjoint committee, from a review of the report, shall determine whether the conditions have been met and FULL ACCREDITATION should be accorded or whether another written report is required. The conjoint committee shall also determine whether a resurvey is required prior to the next general survey of the total program.

NEW PROGRAM ACCREDITATION

This status is accorded to each program site of a newly-established program which has not yet graduated a class of students.

All new programs are required to submit a written progress report to the conjoint committee within 2 years. The conjoint committee, from a review of the report, shall determine whether FULL ACCREDITATION should be accorded or whether another written report is required. The conjoint committee shall also determine whether a resurvey is required prior to the next general survey of the total program.

INTERIM ACCREDITATION

This status is accorded, without an on-site visit, to a clinical site which joins an accredited program and demonstrates in its application for accreditation that it meets the basic requirements for accreditation. This status is accorded on the understanding that the site will be visited and assessed at a later date, usually during the next regularly scheduled survey of the total program, and another accreditation status will be accorded at that time.

MODIFIED PROGRAM ACCREDITATION

This status is accorded, at the discretion of the conjoint committee, to an accredited program site which implements significant modifications to the program for which the site was accredited. This status is accorded when the outcomes of the modified program are not yet available for assessment.

The program site must submit a written report on program outcomes to the conjoint committee within 6 months following the graduation of the first class of students from the modified program. The conjoint committee, from a review of the report, shall determine whether FULL ACCREDITATION should be accorded or whether another written report is required. The conjoint committee shall also determine whether a resurvey is required prior to the next general survey of the total program.

A.2 Categories of Non-Accreditation

ACCREDITATION WITHHELD

This designation is accorded to a program site that has not been previously accredited, upon assessment through an on-site visit that one or more of the major requirements for accreditation are lacking.

ACCREDITATION WITHDRAWN

This designation is accorded to a program site that has been previously accredited, but now is assessed through an on-site visit as lacking one or more of the major requirements for accreditation.

If the conjoint committee accords a program site a designation of Non-Accreditation, the conjoint committee will determine whether the students already in the program will be allowed to continue their education under certain specified conditions, or whether they will be required to complete all or some of their remaining education in another accredited program or program site.

In order for a program site with a designation of Non-Accreditation to be considered for accreditation status, the site must submit to the conjoint committee a written report providing evidence of its compliance with the major requirements for accreditation and/or a complete re-application for accreditation. An on-site survey will be required to determine the site's eligibility for accreditation status.

If a survey results in a designation of Non-Accreditation, the actual cost of the survey shall be borne by the program site(s) concerned (See Part III B.4.c)

B. ACCREDITATION PROCESS

B. 1. Program Models

For accreditation purposes, a program is classified as cooperative or independent. A cooperative program involves two or more program sites; usually, several clinical sites are affiliated with a single didactic centre. An independent program is one in which the didactic and clinical segments are provided in one program site.

B. 2. Application for Accreditation

Application forms for accreditation of an educational program are available from:

Conjoint Accreditation Services
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013

Applications must be submitted for the didactic and clinical portions of a program. For a cooperative program, each program site which provides a significant portion of the program must submit an application. A significant portion of a program is usually considered to be a segment more than 4 weeks in length or an essential portion of the program provided to all students in the total program.

Institutions which provide short rotations for students (usually, rotations 4 weeks or less) must have these rotations documented in the program's application for accreditation. These institutions are not usually accredited separately or visited during the on-site survey, but representatives may be interviewed by the survey team at the didactic site or by telephone.

It is recommended that a common clinical submission be prepared for documentation that is identical for all clinical sites in a coooperative program, for example, program objectives, evaluation forms, policies, etc. This submission should be a separate document, but may be prepared cooperatively by the didactic and clinical sites. If this model is used, each clinical application must include clear cross-references to the common clinical submission.

Completed application forms, signed by the program director/coordinator and administrator, are returned to the accreditation secretariat.

(a) **Application for First Accreditation**

If a previously unaccredited program site wishes to apply for accreditation, the following procedure must be followed:

(i) A request for the application form(s) must be submitted to the accreditation secretariat including the name of the program, the health science profession and the names of all sites participating in the program. Ideally, a request for a first accreditation should be submitted 18 months in advance of the desired date of accreditation. A request from a clinical site joining an established, accredited program should be submitted 12 months in advance; the newly affiliated clinical site must be accredited before students are accepted.

(ii) The required number of copies of the completed application and supporting documentation as well as the required application fee (See Part III B.4.a) must be submitted to the secretariat. An application from a clinical site wishing to become affiliated with an accredited program must include documentation indicating support from the program advisory committee and from the didactic site.

(iii) Following submission of the completed application, the application is circulated to the conjoint committee, or its representatives, for review. The conjoint committee will evaluate the application against the requirements of the *Basis of Accreditation*.

(iv) If the conjoint committee concludes that the application is satisfactory, an on-site survey of the program site(s) will be conducted prior to determining the accreditation status(es). In some cases, for example, when a new clinical site joins an established, accredited program shortly before the next general survey of the total program, the conjoint committee may grant the site an interim accreditation status without conducting an on-site survey until the general survey.

If the conjoint committee concludes that the application is not satisfactory, the committee will notify the program site(s) in writing of the deficiencies and necessary action to be taken by the program.

(b) **Application for Reaccreditation**

Accredited educational programs are resurveyed every 5 years. The accreditation secretariat sends application forms to the contact person at each program site several months in advance of the survey date. A schedule of on-site surveys is published annually.

B. 3. **Accreditation Survey Procedure**

(a) An accreditation survey consists of two related segments:

(i) A thorough study of the application for accreditation;

(ii) An on-site survey to determine, through discussions with program participants, how successfully the program is meeting desired educational objectives and the requirements of the *Basis of Accreditation*.

The on-site accreditation survey includes a review of the didactic and clinical segments of the program. For a cooperative program, all members of the survey team participate in the survey of the didactic segment for at least half a day. The educator representative and at least one other survey team member remain in the didactic setting for a longer period to complete the review, while other members of the survey team proceed to clinical areas. At some time during the total survey, the educator representative participates in a clinical visit to see the correlation between the didactic and clinical segments of the program. For an independent program, the survey team spends 1 day reviewing the didactic and clinical segments and their integration.

The on-site survey is conducted in the language of the program. A member of the accreditation secretariat accompanies the team as a resource to the surveyors and program personnel.

(b) The pattern of an accreditation survey is generally as follows:

(i) pre-visit review of program documentation (minutes of committee meetings, course outlines, schedules, self-evaluation data, etc.)

(ii) initial meeting with the program director/coordinator and staff;
(iii) interview with the senior administrator of the program site;
(iv) interview with the program director/coordinator;
(v) instructor interviews;
(vi) student, graduate and employer interviews;
(vii) tour of the physical facilities for education (library, classroom(s), work areas);
(viii) on-site review of program documentation.

For a cooperative program, a verbal summary report encompassing the didactic segment and total program is presented at the completion of the survey. Each clinical site receives a verbal summary report at the conclusion of its site visit. For an independent program, the verbal summary report is given on the morning of the second day of the survey.

B. 4. **Accreditation Fees**

The accreditation survey process operates on a cost recovery basis. Accreditation fees are determined annually by the Committee on Conjoint Accreditation. A tentative fee schedule is published each March for the following year; the final annual fees are determined each February for that year.

(a) Initial Application Fee

An initial application fee is payable by a previously unaccredited program site upon submission of the application for first accreditation. The fee covers the administrative costs related to the review of the application by the conjoint committee (See Part III B.2.a).

(b) Annual Accreditation Fee

An annual accreditation fee is payable by each accredited program site to cover the direct costs of the survey process. Invoices are issued each March; fees are payable by April 30. No additional fee is charged to a program site at the time of the regularly-scheduled on-site survey every 5 years.

The annual fee consists of two portions: an on-site portion to cover the travel and maintenance costs of the survey team and a portion to cover survey administration costs. The annual accreditation fee is based on the time required for the survey. For a cooperative program, the fee is based on 1 day of survey time (6 hours) for the didactic segment and 3 hours of survey time for each clinical site. For an independent program, the fee is based on 1.25 days (7.5 hours) for the total survey. If the structure of a program is such that the on-site survey requires a different time frame, the annual fee will be adjusted to reflect the actual survey time required.

In emergency medical technology, a Level I program is invoiced as an independent program. A Level II or Level III program is billed a fee for the didactic segment and a fee for each of the two portions of the clinical segment (one clinical fee for the hospital practicum and one clinical fee for the ambulance practicum). When one on-site survey is scheduled for two or more levels of EMT programs at one site, the site is invoiced one didactic fee for each program level and a total of two clinical fees.

Note: Accreditation fees are subject to the Goods and Services Tax (GST) of 7%. Institutions which are GST-exempt must include proof of GST-exemption with the fee payment.

(c) **Cost Implications of a Resurvey or a Designation of Non-Accreditation**

If the conjoint committee determines that a resurvey of a program site is required between the regularly-scheduled surveys every 5 years, for example, in the case of significant program changes (Part III C.2) or a Conditional Accreditation status (Part III A.1), the actual cost of the resurvey shall be borne by the program site(s) concerned. If a survey results in a designation of Non-Accreditation, the actual cost of the survey shall be borne by the program site(s) concerned.

B. 5. **Appeal Procedure**

A program site is entitled to consult with the conjoint committee regarding the accreditation status accorded to it by the committee. The request must be submitted in writing to the conjoint committee within 60 calendar days of the receipt of the accreditation survey report.

If a concern cannot be resolved at the conjoint committee level, the program site is entitled to appeal its status to the Committee on Conjoint Accreditation. The appeal must state the reasons the accreditation status is consider unjustified.

During the period in which an appeal is being considered, the original accreditation status prior to the appealed status shall remain valid.

A written decision on the appeal including a statement of specifics will be submitted to the program director/coordinator and the administrator of the program site. The decision of the Committee on Conjoint Accreditation is final. If the Committee on Conjoint Accreditation is unable to reach a decision on the appeal, the committee may arrange for a second evaluation to be conducted by a different survey team and/or the committee may pass on the appeal to the Canadian Medical Association's Council on Medical Education.

C. **RESPONSIBILITIES OF AN ACCREDITED PROGRAM SITE**

C. 1. **Responsibility to Implement Major and Minor Program Improvements**

The implementation of major and minor program improvements required or recommended by the survey report shall be the responsibility of the program director/coordinator at the program site involved. The implementation of improvements required or recommended for the total program shall be the joint responsibility of all participating program sites and the appropriate program committee(s). To obtain Full Accreditation status, a program site must implement the major improvements required, and evidence of such implementation must be forwarded to the Conjoint Committee.

C. 2. **Responsibility to Submit Significant Program Changes to the Conjoint Committee for Review and Comment**

Any significant changes to an accredited program must be submitted to the conjoint committee for review and comment prior to implementation (ideally, at least 3 months in advance).

The following are examples of significant program changes:

(a) changes in the curriculum (additions or deletions to courses);
(b) reduction in the number of hours of didactic or clinical education;
(c) changes in the affiliation or rotation arrangements (e.g. increase or decrease in the number of clinical sites);
(d) major changes in physical facilities (e.g. relocation to a new site).

When significant changes are made to an accredited program, the conjoint committee reserves the right to accord the status Modified Program Accreditation and/or to conduct a resurvey to determine if the altered program meets the requirements of the *Basis of Accreditation*. The cost of the resurvey will be borne by the program site(s) concerned. (See Part III B.4.c)

The accreditation secretariat should be advised of the name of the person at each program site to whom correspondence regarding the program should be sent.

C. 3. **Responsibility to Respect the Number of Approved Clinical Training Positions**

During an on-site survey the human and physical resources of the clinical education sites are assessed to determine the maximum number of clinical training positions that can be accommodated. The number of students assigned to a clinical site may be less than the maximum number of approved clinical training positions.

If a program site wishes to increase or decrease the number of approved clinical training positions, a written request must be submitted to the conjoint committee, usually, at least 6 months in advance.

The request must include the following information:

(a) The current number of approved clinical training positions and the number of positions requested;

(b) A description of what arrangements have been made to ensure appropriate clinical instruction/supervision of the requested number of students;

(c) A list of the facilities/rotations available to accommodate the requested number of students;

(d) Documentation regarding any periods of time when the number of students at the site exceeds the number of approved clinical positions (for example, an overlap of classes). The length of these periods and the total number of students must be indicated as well as the arrangements to ensure an appropriate student experience (rotations and supervision).

(e) An indication of how the program will evaluate the outcome of the change in student numbers. *

The conjoint committee, in consultation with the on-site survey team which previously visited the program site, will review the documentation and determine whether the maximum number of clinical training positions will be increased or decreased. A resurvey of the site may be required prior to this decision. The conjoint committee will also determine whether a follow-up report is required. *

If an accredited program wishes to place students in a clinical site accredited in conjunction with another educational program, a request must be submitted to the conjoint committee documenting that such an arrangement is acceptable to all three parties involved. The new training arrangements must be approved before students begin training.

D. TERMS OF REFERENCE FOR SURVEYORS *

D. 1. Qualifications of Surveyors *

To qualify as a surveyor of an educational program in a designated health science profession, an individual must meet the following criteria: *

(a) Education in or knowledge of the profession; *

(b) Understanding of the educational process in the profession; *

(c) Belief in the accreditation process as a useful method of maintaining educational standards in the profession. *

To qualify as a survey team chairman, a surveyor should demonstrate leadership skills, be experienced in the survey process, and ideally, have completed two surveys. *

D. 2. Responsibilities of Surveyors *

The agreement to participate as a surveyor is a multi-year commitment. A surveyor may be invited once a year or once every 2 years, depending on the survey schedule. The agreement to participate in a survey involves a number of responsibilities before, during and after the survey. The surveyor must: *

(a) Exercise objectivity, professionalism and good judgement; *

(b) Respect the confidentiality of all information regarding the educational program sites and their accreditation statuses;

(c) Study (or review) the *Guide for Surveyors*;

(d) Study the requirements of Part I of the *Basis of Accreditation* and the relevant section of Part II;

(e) Complete a thorough review of the program's documentation before the visit;

(f) Participate in all scheduled survey activities (surveyors' workshop, on-site documentation review, meetings and site visits);

(g) Formulate relevant interview questions and conduct interviews within the scope of the *Basis of Accreditation*;

(h) Write concise survey reports clearly referenced to the requirements of the *Basis of Accreditation*;

(i) Review progress reports submitted by the program following the survey.

E. SAMPLES OF THE APPLICATION FOR ACCREDITATION

Samples of the application for accreditation of a didactic and a clinical program site follow. A sample application for an independent program is not included, but is available upon request (see address below).

Copies of the application are sent to the program director/coordinator at each program site several months in advance of the regularly-scheduled survey every 5 years.

F. SAMPLES OF THE SUMMARY OF PROGRAM ASSESSMENT

Following the sample application forms are samples of the Summary of Program Assessment forms for a didactic and total program, and for a clinical site (the form for an independent program is available upon request). These forms are used by the survey team to assess the program's compliance with the requirements of the *Basis of Accreditation*. Program sites may wish to use these assessment forms as an internal program evaluation tool when preparing the application for accreditation.

Additional copies of accreditation documents may be obtained from:

Conjoint Accreditation Services
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8
Tel. (613) 731-9331, Fax (613) 731-9013

APPLICATION FOR ACCREDITATION

Didactic Segment and Total Program

A multidisciplinary application form prepared by
the conjoint committees for accreditation

Revised June 1994

DIRECTIONS FOR COMPLETION OF THE APPLICATION

[Note: The application is also available on diskette (Wordperfect) at a nominal charge]

1. MINIMIZE LENGTH - 20 TO 30 PAGES IS SUGGESTED

To achieve this, use both sides of the paper and put two short submissions on one page, when possible.

2. NUMBER EACH PAGE CONSECUTIVELY FROM BEGINNING TO END

Complete the Application for Accreditation table by filling in the page number for each submission. Insert this completed document as the table of contents at the front of your application.

3. IDENTIFY EACH SUBMISSION BY A PROJECTING TAB

4. BIND EACH COPY IN A SOFT COVER

Identify the name of your site on the cover of your application.

5. DO NOT INCLUDE WITH YOUR APPLICATION:

Detailed course descriptions and minutes of meetings.
(You will receive further information regarding the review of these documents).

6. DUPLICATION OF INFORMATION

If duplication of information occurs in the didactic and clinical submissions, include the information only once and use a cross-reference on the application table to indicate which application contains the information.

7. COMMON CLINICAL SUBMISSION

It is recommended that a common clinical submission be prepared for documentation that is identical for all clinical sites, for example: program objectives, student evaluation forms, clinical education plans, program policies and program evaluation forms. Please see the clinical application, submissions 4, 5, 6, 13, 16. This submission should be a separate document from other applications, but may be prepared cooperatively by the didactic and clinical sites. If this model is used, each clinical application must include clear cross-references to the common clinical submission.

8. The completed application consists of all submissions and documentation listed in the application table. The required number of completed applications must be submitted 2 months prior to your survey date to:

The Coordinator, Accreditation Surveys and French Services
Canadian Medical Association
P.O. Box 8650, 1867 Alta Vista Drive
Ottawa ON K1G 0G8

DIRECTIONS TO LOCATE YOUR PROGRAM SITE*

Time management is vital for the survey team. The following information will enable the team to locate your site and your department.

PLEASE:

- include a diagram of your site indicating the wing or pavilion in which your department is situated;
- indicate the surrounding streets and the parking area;
- indicate which entrance to your site the team should use if they arrive by car and whom should they ask for at the reception area;
- indicate which entrance of your site they should use if they arrive by taxi;
- include a street map of your city if you think the survey team will need it;
- include a road map of your area of the province if you think the survey team will need it.

* **INSERT THIS INFORMATION IMMEDIATELY AFTER THE TITLE PAGE OF YOUR APPLICATION**

APPLICATION FOR ACCREDITATION
DIDACTIC SEGMENT AND TOTAL PROGRAM

DATE OF APPLICATION _____

NAME OF HEALTH SCIENCE PROFESSION _____

NAME AND ADDRESS OF PROGRAM SITE (as it will appear on the survey report and the accreditation certificate) _____

_____

_____

_____

ACCREDITATION REQUESTED

____ First Accreditation of New Program
____ First Accreditation of Existing Program
____ First Accreditation of Modified Program
____ Reaccreditation of Established Program

ANNUAL STUDENT ENROLMENT (DIDACTIC) _____

OTHER ACCREDITED PROGRAMS AT THIS SITE _____

_____

_____

_____

RESPONSIBILITY FOR THE PROGRAM

ADMINISTRATOR

Name (please print):

Signature:

Official title:

PROGRAM DIRECTOR/COORDINATOR

Name (please print):

Signature:

Official title:

CHAIRMAN OF ADVISORY COMMITTEE

Name (please print):

Signature:

Official title:

PERSONS DESIGNATED AS CONTACTS WITH CONJOINT ACCREDITATION SERVICES *

DESIGNATED CONTACT PERSON FOR ONGOING COMMUNICATIONS

This person should have sound knowledge of the operation of the program. Newsletters, survey reports, ongoing correspondence and phone calls will be directed to the contact person.

Name (please print):

Signature:

Official title:

Telephone: ( ) **Fax:** ( )

PERSON DESIGNATED TO RECEIVE ANNUAL ACCREDITATION INVOICES

Name (please print):

Signature:

Official title:

Telephone : ( ) **Fax:** ( )

* *These names will be included in the database of accredited program sites maintained by Conjoint Accreditation Services.*

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APPLICATION FOR ACCREDITATION (DIDACTIC SEGMENT AND TOTAL PROGRAM)

	SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
	INTRODUCTION	A brief overview of the program including its history and current operation within the local/provincial context.	
	FOLLOW UP FROM THE PREVIOUS SURVEY REPORT	Summary of the remedial action taken on recommendations from the previous survey report. Include a copy of the previous didactic and total program survey report, and any follow-up correspondence relating to progress reports submitted and/or your site's accreditation status.	
A	RESPONSIBILITY FOR THE PROGRAM ***Basis of Accreditation: Part I, A***	A clear description of the institutional/corporate responsibility for the didactic and clinical segments of the program. Indicate if there is a contract but DO NOT include a copy of the contract. A description of how each site's responsibilities are communicated to program participants. An organization chart or other description of the reporting relationships of program personnel at the didactic site. A statement by the administrator of the didactic site regarding the level of support provided to this program in relation to others at the site. Proposed changes that will affect the program financially or operationally should be described.	
B.1	ADVISORY COMMITTEE ***Basis of Accreditation: Part I, B.1***	A copy of the terms of reference for the advisory committee. A membership list indicating: - each member's position in the program and his/her employer site; - the name of the chairman. Statements on: - whether all program sites are represented on the committee; - the frequency of meetings; - average meeting attendance as a percentage of membership. A brief outline of some major issues addressed/resolved by the committee within the past 2-3 years.	
B.2	FACULTY LIAISON COMMITTEE ***Basis of Accreditation: Part I, B.2***	A copy of the terms of reference for the faculty liaison committee. A membership list indicating: - each member's position in the program and his/her employer site; - the name of the chairman. Statements on: - the frequency of meetings; - average meeting attendance as a percentage of membership. A brief outline of some major issues addressed/resolved by the committee within the past 2-3 years. A brief description of the mechanism to communicate issues to the advisory committee, and a list of issues that have been brought to the advisory committee within the past 2-3 years.	

APPLICATION FOR ACCREDITATION (DIDACTIC SEGMENT AND TOTAL PROGRAM)

SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
C.1 PROGRAM OBJECTIVES ***Basis of Accreditation: Part I, C.1***	A list of the broad objectives for the TOTAL PROGRAM. A list of the general objectives for the DIDACTIC portion. A list of the course-specific objectives for the DIDACTIC portion of the program cross-referenced to the requirements of the national certifying body (syllabus, curriculum, competency requirements etc.). (A suggested format is attached as C-1, but this may be adapted as desired). [NOTE: THE COURSE OBJECTIVES SHOULD NOT BE SUBMITTED IN THE APPLICATION, BUT MUST BE PROVIDED TO THE SURVEY TEAM FOR PRESURVEY REVIEW AT THE HOTEL.] A description of how staff and students are made aware of the program objectives. A description of the process used to review and revise program objectives (responsibility, frequency etc.).	
C.2 STUDENT EVALUATION ***Basis of Accreditation: Part I, C.2***	A description of the mechanisms to evaluate the students' success in meeting the objectives of the didactic segment. A summary of national examination results for students from this program for the past 5 years (or lesser time depending on length of time the program has been in operation). The summary should include the original class size, number of examination candidates, and pass/fail figures. If the program's results are below the national average, describe possible reasons for these results, and what remedial action has been taken or is planned. [NOTE: This is not applicable to new programs or those where national examinations are not in place.]	
D PROGRAM STRUCTURE AND DELIVERY ***Basis of Accreditation: Part I, D***	An indication of the length of the didactic and clinical segments of the program. (A format is attached as D-1). An outline of the planned didactic education, by semester or quarter. (A suggested format is attached as D-2, but this may be adapted). An overview of the clinical education, indicating the clinical areas covered, number of weeks students spend in each area, and which clinical sites provide rotations in each area. (A suggested format is attached as D-3, but this may be adapted). If a COMMON CLINICAL SUBMISSION is prepared, this information could be incorporated into Submission 6. A description of the mechanisms in place to ensure effective program delivery to students. A description of the curriculum review process and an indication of who has authority for approval of curriculum changes.	
E DIDACTIC/CLINICAL INTEGRATION ***Basis of Accreditation: Part I, E***	A description of the mechanisms to ensure that the program operates as a whole, integrated unit. A description of the mechanism(s) to ensure the didactic education is relevant to current clinical practice and the overall clinical education is correlated with the didactic segment.	

APPLICATION FOR ACCREDITATION (DIDACTIC SEGMENT AND TOTAL PROGRAM)

SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
F PROGRAM DIRECTION/ COORDINATION ***Basis of Accreditation: Part I, F***	An identification of the person(s) with responsibility for: a) the administrative direction of the program at the didactic site; and b) the ongoing coordination of the program at the didactic site. List the responsibilities of each person (job descriptions) and the proportion of time allocated to program duties. A brief resume of the qualifications and relevant experience of the person(s) responsible for program direction and coordination (maximum 1 page each). A description of how the responsibilities for direction/coordination of the program are communicated to program participants. Evidence that the stated responsibilities for program direction and coordination are fulfilled (e.g. list of program accomplishments and/or activities during the past 2-3 years that illustrate effective program direction and coordination).	
G DIDACTIC PROGRAM STAFF ***Basis of Accreditation: Part I, G***	A list of didactic program staff and their professional qualifications. (A suggested format is attached as G-1.) A statement on the policy for staff professional development and an indication of the extent to which support is provided. DO NOT submit a copy of the policy. A list of the professional development activities of faculty in recent years, the dates and length of time involved, names of staff members who participated. This outline should include any returns to the clinical milieu and the nature of these returns-to-practice i.e. observation/regular duty. (A suggested format is attached as G-2.)	
H STUDENT SAFETY ***Basis of Accreditation: Part I, H.4***	A brief description of the policies and procedures to ensure student safety while in laboratories and other clinical practice areas at the didactic site (e.g. manual/handouts, safety lectures, emergency/fire equipment.) DO NOT submit safety manuals.	
I INSTRUCTOR/ STUDENT RATIO ***Basis of Accreditation: Part I, I***	A description of the process used to determine the instructor/student ratio for the didactic segment of the program.	
J MEDICAL INPUT ***Basis of Accreditation: Part I, J***	A statement on how medical input to the program is achieved, including medical input to the advisory committee.	
K.1 STUDENT RECORDS ***Basis of Accreditation: Part I, K.1***	A sample form of each student record (not actual student records), for example, application forms, health records, etc. Indicate who is responsible for maintaining each record and which didactic or clinical program staff have access to it.	

APPLICATION FOR ACCREDITATION (DIDACTIC AND TOTAL PROGRAM)

SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
K.2 RECORDS OF INSTRUCTION ***Basis of Accreditation: Part I, K.2***	A description of the records of instruction that are maintained for each phase of the program, and an indication of who is responsible for each record.	
L PROGRAM POLICIES ***Basis of Accreditation: Part I, L***	A summary of program policies, including the date of last revision. A description of how policies and changes in policies are approved and communicated to staff and students. **NEW PROGRAMS:** Some policies and procedures may be in existence but not yet operational; please add a notation to this effect on the submission(s).	
M EDUCATIONAL FACILITIES ***Basis of Accreditation: Part I, M***	A description of the educational facilities designated specifically for students of this program and facilities they share with students from other programs; A list of the major clinical practice equipment available for student use at the didactic site [DO NOT submit a complete inventory list.]; A list of the texts students are required to purchase.	
N NUMBER OF STUDENTS ***Basis of Accreditation: Part I, N***	A summary of the number of students in the clinical segment of the program for the past 5 years. A suggested format for Submission N is attached. (This form may be adapted if required). If students from this program were placed in clinical sites affiliated with ANOTHER didactic site during the past 5 years, list these numbers on the form provided for Submission N, and describe the reason(s) for these placements. If such placements are recurring, describe what action has been taken to address this situation on a long-term basis.	
O TOTAL PROGRAM EVALUATION ***Basis of Accreditation: Part I, O***	A description of the ongoing total program evaluation process, including: - methods used to gather information, including samples of forms and questionnaires; - participants (i.e. staff, students, administration, employers, committees); - aspects of the program that are studied; - a summary of program evaluation results obtained for the past 5 years, including strengths identified and areas where improvement was/is considered necessary; - a description of how program evaluation results are incorporated into the decision-making process for the total program; - a summary of program changes implemented or planned as a result of program evaluation findings; - a description of how overall results of the program evaluation process including program changes are documented and communicated to appropriate parties.	

BEST COPY AVAILABLE

SUBMISSION C-1
PROGRAM OBJECTIVES
(This format may be adapted as desired)

[NOTE: THIS DOCUMENTATION SHOULD NOT BE SUBMITTED IN THE APPLICATION, BUT MUST BE PROVIDED TO THE SURVEY TEAM FOR PRESURVEY REVIEW AT THE HOTEL.]

Course	Objectives	Reference to National Requirements (Syllabus/Curriculum, etc.)

SUBMISSION D-1
PROGRAM LENGTH

	DIDACTIC SEGMENT	CLINICAL SEGMENT
YEARLY COMMENCEMENT DATE		
NET LENGTH OF EACH SEGMENT IN WEEKS (EXCLUDING VACATION AND ACADEMIC OR TERM BREAKS)		

RATIO OF DIDACTIC/CLINICAL TIME

If changes to the length of the didactic or clinical segments have been made recently, please describe the changes.

SUBMISSION D-2
PROGRAM STRUCTURE

(This format may be adapted as required)

STAFF RESPONSIBLE	SUBJECT	TOTAL HOURS	BREAKDOWN OF TIME Lectures Labs.	FREQUENCY OF EVALUATION Oral Practical Written

SUBMISSION D-3
CLINICAL EDUCATION OVERVIEW

(This format may be adapted as required, or incorporated into the Common Clinical Submission)

Clinical Area or Experience	Number of Weeks Students Spend in the Area	Clinical Sites Which Provide Rotations in this Area

SUBMISSION G-1
DIDACTIC PROGRAM STAFF

NAME OF STAFF MEMBER	Professional Certification or Academic Qualification	POSITION IN PROGRAM	FULL OR PART TIME	YEARS OF EXPERIENCE	
				Didactic Teaching	Clinical Experience

SUBMISSION G-2
STAFF PROFESSIONAL DEVELOPMENT

NAME OF STAFF MEMBER	DATE (list for the past 5 years)	TYPE OF ACTIVITY (courses, conferences, return to clinical milieu)	DURATION OF ACTIVITY

SUBMISSION N
NUMBER OF STUDENTS IN CLINICAL SEGMENT OF PROGRAM
(This form may be adapted, if required)

TOTAL NUMBER OF CLINICAL POSITIONS REQUIRED FOR THE PAST 5 YEARS

(19) ____ (19) ____ (19) ____ (19) ____ (19) ____

TOTAL NUMBER OF STUDENTS PLACED IN CLINICAL SITES AFFILIATED WITH ANOTHER DIDACTIC SITE DURING THE PAST 5 YEARS (if applicable)

(19) ____ (19) ____ (19) ____ (19) ____ (19) ____

CLINICAL SITES (please list all sites providing a clinical rotation; if a maximum number of students is approved per rotation, list specific rotations as well)	NUMBER OF APPROVED CLINICAL TRAINING POSITIONS PER SITE (AND PER ROTATION, if applicable)	ACTUAL NUMBER OF STUDENTS FOR PAST 5 YEARS 19___ 19___ 19___ 19___ 19___

APPLICATION FOR ACCREDITATION

Clinical Segment of Program

A multidisciplinary application form prepared by
the conjoint committees for accreditation

Revised June 1994

DIRECTIONS FOR COMPLETION OF THE APPLICATION

[Note: The application is also available on diskette (Wordperfect) at a nominal charge]

1. MINIMIZE LENGTH - 20 TO 30 PAGES IS SUGGESTED

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4. BIND EACH COPY IN A SOFT COVER

Identify the name of your site on the cover of your application.

5. DO NOT INCLUDE WITH YOUR APPLICATION:

Detailed course descriptions and minutes of meetings.
(You will receive further information regarding the review of these documents).

6. DUPLICATION OF INFORMATION

If duplication of information occurs in the didactic and clinical submissions, include the information only once and use a cross-reference on the application table to indicate which application contains the information.

7. COMMON CLINICAL SUBMISSION

It is recommended that a common clinical submission be prepared for documentation that is identical for all clinical sites, for example: program objectives, student evaluation forms, clinical education plans, program policies and program evaluation forms. Please see clinical application, submissions 4, 5, 6, 13, 16. This submission should be a separate document from other applications, but may be prepared cooperatively by the didactic and clinical sites. If this model is used, each clinical application must include clear cross-references to the common clinical submission.

8. The completed application consists of all submissions and documentation listed in the application table. The required number of completed applications must be submitted 2 months prior to your survey date to:

The Coordinator, Accreditation Surveys and French Services
Canadian Medical Association
P.O. Box 8650, 1867 Alta Vista Drive
Ottawa ON K1G 0G8

DIRECTIONS TO LOCATE YOUR PROGRAM SITE*

Time management is vital for the survey team. The following information will enable the team to locate your site and your department.

PLEASE:

- include a diagram of your site indicating the wing or pavilion in which your department is situated;
- indicate the surrounding streets and the parking area;
- indicate which entrance to your site the team should use if they arrive by car and whom should they ask for at the reception area;
- indicate which entrance of your site they should use if they arrive by taxi;
- include a street map of your city if you think the survey team will need it.
- include a road map of your area of the province if you think the survey team will need it.

* **INSERT THIS INFORMATION IMMEDIATELY AFTER THE TITLE PAGE OF YOUR APPLICATION**

CLINICAL APPLICATION FOR ACCREDITATION

DATE OF APPLICATION _____

NAME OF HEALTH SCIENCE PROFESSION _____

NAME AND ADDRESS OF PROGRAM SITE (as it will appear on the survey report and the accreditation certificate)

_____

_____

_____

_____

TYPE OF PROGRAM

____ Cooperative Didactic/Clinical Program
____ Independent Program with Clinical Affiliations

ACCREDITATION REQUESTED

____ First Accreditation of New Program
____ First Accreditation of Existing Program
____ First Accreditation of Modified Program
____ First Accreditation of Clinical Site joining Established Program
____ Reaccreditation of Established Program

CLINICAL EXPERIENCE PROVIDED FOR EACH STUDENT

____ Full Clinical Experience (____ weeks)
____ Major Clinical Rotation (____ weeks)
____ Minor Clinical Rotation (____ weeks)

NUMBER OF APPROVED CLINICAL TRAINING POSITIONS

*If **one approved number** is given for the site, please complete the following:*

_____ Number previously approved
_____ Number now requested

*If an approved number is specified for **each rotation**, please complete the following:*

Rotation	Number previously approved	Number now requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESPONSIBILITY FOR THE PROGRAM

ADMINISTRATOR

Name (please print):

Signature:

Official title:

PROGRAM DIRECTOR/COORDINATOR

Name (please print):

Signature:

Official title:

CHAIRMAN OF ADVISORY COMMITTEE

Name (please print):

Signature:

Official title:

PERSONS DESIGNATED AS CONTACTS WITH CONJOINT ACCREDITATION SERVICES *

DESIGNATED CONTACT PERSON FOR ONGOING COMMUNICATIONS

This person should have sound knowledge of the operation of the program. Newsletters, survey reports, ongoing correspondence and phone calls will be directed to the contact person.

Name (please print):

Signature:

Official title:

Telephone: ( ) **Fax:** ( )

PERSON DESIGNATED TO RECEIVE ANNUAL ACCREDITATION INVOICES

Name (please print):

Signature:

Official title:

Telephone : ( ) **Fax:** ( )

* *These names will be included in the database of accredited program sites maintained by Conjoint Accreditation Services.*

APPLICATION FOR ACCREDITATION (CLINICAL SEGMENT OF PROGRAM)

SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
FOLLOW UP FROM PREVIOUS SURVEY REPORT	Summary of the remedial action taken on recommendations from the previous survey report. Include a copy of the previous survey report and any follow-up correspondence relating to progress reports submitted and/or your site's accreditation status.	
1 RESPONSIBILITY FOR THE PROGRAM ***Basis of Accreditation: Part I, A***	A description of this site's responsibilities for the program. A description of how the clinical program sites are advised of their responsibilities toward the students. Indicate if there is a contract but DO NOT include a copy of the contract. An organization chart or other clear description of the reporting relationships of program personnel at this site. Identify the person who assumes major responsibility for the program at this site AND the person who certifies the students as ready to sit the national or equivalent examination. A statement by the administrator of the clinical site regarding the level of support provided to this program in relation to others at the site. Proposed changes that will affect the program financially or operationally should be described.	
2 ADVISORY COMMITTEE ***Basis of Accreditation: Part I, B.1***	A brief description of this site's involvement on the advisory committee, including: - the name of this site's representative on the committee and his/her title within this site and within the program; - frequency of attendance of this site at meetings (% meetings attended); - a statement of this site's satisfaction with the effectiveness of the advisory committee (i.e. extent to which it fulfils its obligations to the program.)	
3 FACULTY LIAISON COMMITTEE ***Basis of Accreditation: Part I, B.2***	A brief outline of this site's involvement with the faculty liaison committee (instructors' committee), including any subcommittees. Include: - name(s) and title(s) of the person(s) representing this site on the committee; - frequency of attendance of this site at meetings (% meetings attended); - this site's satisfaction with the effectiveness of the committee (i.e. the extent to which it fulfils its obligation to the program).	
4 PROGRAM OBJECTIVES ***Basis of Accreditation: Part I, C***	A list of the CLINICAL OBJECTIVES for segments of the program delivered at this site, cross-referenced to the requirements of the national certifying body (syllabus, curriculum, competency requirements etc.). (A suggested format for Submission 4 is attached, but this may be adapted as desired). Note: If common clinical objectives are used by all participating clinical sites, a COMMON CLINICAL SUBMISSION should be prepared in conjunction with the didactic site. Information on: - the name of the group or individual responsible for setting the clinical objectives; - the system that is in place to ensure that objectives reflect current clinical practice (i.e. who is responsible for seeing that new techniques, etc. are added to the curriculum); - how and when clinical objectives are communicated to staff and students (i.e. does each student and member of the teaching staff receive a copy and, if so, when).	

APPLICATION FOR ACCREDITATION (CLINICAL SEGMENT OF PROGRAM)

SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
5 STUDENT EVALUATION ***Basis of Accreditation: Part I, C***	A description of the mechanisms used to evaluate the students' success in meeting the clinical objectives, including the mechanisms to assess clinical competency during and at the end of training. Include a sample of the form(s) used for student evaluation. If the same evaluation forms are used in all clinical sites, they should be submitted in the COMMON CLINICAL SUBMISSION. Include statements on: - the frequency of student evaluations; - who performs student evaluations (instructor, department staff, medical staff); - when and how results are discussed with the student; - procedure followed when evaluation reveals student is having difficulty to achieve competence in a given area.	
6 CLINICAL EXPERIENCE ***Basis of Accreditation: Part I, D, H.2; Part II***	A description of: - the length and objectives of any orientation period that your site provides for students BEFORE they enter the didactic portion of the program; - the length and frequency of clinical practice/observation periods that your site provides for students during their didactic education. A description of the clinical experience including the rotations, number of weeks for each rotation, and type and frequency of evaluations. (See attached format for Submission 6). If students in the total program rotate to several sites to obtain their clinical experience, an overall rotational plan of the clinical education should be provided in the COMMON CLINICAL SUBMISSION. If your site arranges for students to receive short rotations at other sites, please describe these rotations including: - name of site(s); - description of the experience (objectives, length, hands-on/observation, etc.). - mechanisms for supervision/evaluation of students.	
7 DIDACTIC/CLINICAL INTEGRATION ***Basis of Accreditation: Part I, E***	A description of the mechanisms to ensure that the clinical education is correlated with the didactic segment of the program.	
8 CLINICAL COORDINATOR/ INSTRUCTOR ***Basis of Accreditation: Part I, H.1; Part II***	A description of who is responsible for coordinating the students' clinical education at this site. If this responsibility is shared, describe the breakdown of responsibilities for the program (job descriptions) including who is responsible for communication/liaison with the didactic site, and how these responsibilities are communicated to staff and students. The following information should be included for the clinical coordinator/instructor(s): - academic and professional qualifications; - length of clinical experience; - length of teaching experience; - title, duration and date of professional development activities.	

APPLICATION FOR ACCREDITATION (CLINICAL SEGMENT OF PROGRAM)

SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
8 CLINICAL COORDINATOR/ INSTRUCTOR (Cont'd) ***Basis of Accreditation: Part I, H.1; Part II***	[Include an outline of the institution's stated policy on staff professional development, including information on the extent to which support is provided.] NOTE: If a clinical coordinator/instructor is part-time, include information on other departmental responsibilities and the percentage of time allocated for the educational program.	
9 SUPERVISION OF STUDENTS ***Basis of Accreditation: Part I, H.3, I***	A list of departmental staff who are involved in clinical education and student supervision and a statement of the staff/student ratio. Indicate how staff members are made aware of their responsibilities for student instruction and supervision. [A suggested format for Submission 9 is attached to the application form. Institutions may adapt the form to suit individual needs.]	
10 MEDICAL INPUT ***Basis of Accreditation: Part I, J; Part II***	A brief statement (maximum 1 page) of the professional qualifications/area of specialty of the physician directing/advising the program, accompanied by statements on: - length of time as physician directing/advising the program; - the areas of involvement with the student program; DO NOT submit a résumé. A description of the kinds of contributions to the program that are being made by other members of the medical staff and other involved professional staff (PhD) at this institution.	
11 STUDENT SAFETY ***Basis of Accreditation: Part I, H.4; Part II***	Information should be submitted on: - the protective practices and devices specifically related to this discipline; - immunization; - safety instruction provided (e.g. classes/safety manual); - protocol for dealing with student injuries; - frequency of internal and outside agency inspections; - a description of any abnormal findings from above inspections and the resulting action(s).	
12 STUDENT RECORDS ***Basis of Accreditation: Part I, K.1***	A sample form of any student records specific to this site, for example, admission or health records. Indicate who is responsible for completing each form and where it is kept on file (e.g. clinical instructor's office, central file, etc.).	
13 PROGRAM POLICIES ***Basis of Accreditation: Part I, L***	A description of program policies for the clinical segment of the program, including a description of mechanisms for student appeal. Include a statement explaining how students and staff are made aware of these policies. If there are common policies that apply to all clinical sites in the total program, they should be submitted in the COMMON CLINICAL SUBMISSION.	

APPLICATION FOR ACCREDITATION (CLINICAL SEGMENT OF PROGRAM)

SUBMISSION	DOCUMENTATION REQUIRED	PAGE # IN APPL'N
14 EDUCATIONAL FACILITIES ***Basis of Accreditation: Part I, M; Part II***	A list of the educational resources for students at this site. A list of major equipment that is available for student use. Impending purchases or other changes to equipment should be included. [DO NOT submit a complete inventory list.] An indication of the yearly work volume in the department(s) through which the students rotate at this site.	
15 NUMBER OF STUDENTS ***Basis of Accreditation: Part I, N***	The maximum number of clinical training positions for which this program site is currently approved. (If there is a maximum number of students approved for each rotation, please adapt this format accordingly.) The actual number of students trained in this site each year since the previous on-site survey. If applicable, the number of students from other non-affiliated didactic sites trained in this site each year since the previous on-site survey. The length of any periods, e.g. overlap periods, when the number of students at this site exceeds the number of approved clinical positions. State the total number of students present and the arrangements to ensure appropriate student experience (rotations and supervision). The maximum number of clinical training positions for which this site is now seeking approval. If this number differs from the current number of approved positions, please include a statement of explanation.	
16 TOTAL PROGRAM EVALUATION ***Basis of Accreditation: Part I, O***	A description of this site's role in total program evaluation, indicating: - a brief description of the method(s) & samples of forms used to collect information (e.g. questionnaires, written submissions, meetings, interviews, etc); - names and titles of those who contribute information; - a summary of clinical education changes made as a result of program evaluation; - how results of the program evaluation and program changes are documented; - a description of how this site's role in program evaluation is integrated into the evaluation of the total program. If the same forms are used in all clinical sites, they should be submitted in the COMMON CLINICAL SUBMISSION.	

SUBMISSION 4
CLINICAL OBJECTIVES

(This format may be adapted as desired)
[If common clinical objectives are used by all clinical sites, this submission should be included in the COMMON CLINICAL SUBMISSION]

Clinical Area	Objectives	Reference to National Syllabus/Curriculum/ Competency Requirements

SUBMISSION 6
CLINICAL EXPERIENCE

CLINICAL ROTATION	TIME STUDENT SPENDS IN THIS AREA	OUTLINE OF STUDENT EXPERIENCE	TYPE AND FREQUENCY OF EVALUATIONS	NAME & TITLE OF PERSON WHO EVALUATES STUDENTS

Indicate what exposure students receive to evening, night, weekend, and emergency duty and at what point in the program this exposure begins.

SUBMISSION 9
DEPARTMENTAL STAFF WHO SUPERVISE STUDENTS

(List all staff involved in instruction/supervision of students; this is a suggested format only and may be adapted if desired.)

NAME OF STAFF MEMBER	PROFESSIONAL QUALIFICATIONS	POSITION IN PROGRAM	FULL OR PART TIME	Years of Experience in Instruction and Supervision	Years of Clinical Experience

SUMMARY OF PROGRAM ASSESSMENT

Didactic Segment and Total Program

A multidisciplinary assessment form prepared by
the conjoint committees for accreditation

June 1994

SUMMARY OF PROGRAM ASSESSMENT (DIDACTIC SEGMENT AND TOTAL PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment of the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
FOLLOW UP FROM PREVIOUS SURVEY	Appropriate remedial action was taken on the recommendations from the previous survey report.	____	____
A RESPONSIBILITY FOR THE PROGRAM ***Basis of Accreditation: Part I, A***	a. The institutional/corporate responsibility for the didactic and clinical segments of the program is clearly defined.	____	____
	b. Staff are aware of the division of responsibilities for the didactic and clinical education.	____	____
	c. The organization chart for the program accurately describes the reporting relationships of program personnel at the didactic site.	____	____
	d. There is administrative support for the program and awareness of the program's needs.	____	____
B.1 ADVISORY COMMITTEE ***Basis of Accreditation: Part I, B.1***	a. The terms of reference of the advisory committee are appropriate.	____	____
	b. The committee membership includes an appropriate mix of stakeholders, with representation from participating program sites.	____	____
	c. There is evidence that the committee fulfills its stated obligations to the program.	____	____
B.2 FACULTY LIAISON COMMITTEE ***Basis of Accreditation: Part I, B.2***	a. The terms of reference of the faculty liaison committee are appropriate.	____	____
	b. The committee membership includes instructors from all program sites.	____	____
	c. There is evidence that the committee fulfills its stated obligations to the program.	____	____
	(Cont'd)		

SUMMARY OF PROGRAM ASSESSMENT (DIDACTIC SEGMENT AND TOTAL PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment of the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
B.2 FACULTY LIAISON COMMITTEE (Cont'd) ***Basis of Accreditation: Part I, B.2***	d. There is evidence of effective mechanisms for communication between the faculty liaison committee and the advisory committee.	____	____
C.1 PROGRAM OBJECTIVES ***Basis of Accreditation: Part I, C.1***	a. The following program objectives are clearly documented: - broad objectives for the total program - general objectives for the didactic segment - course-specific objectives for the didactic segment - competency-based objectives for clinical education	____ ____ ____ ____	____ ____ ____ ____
	b. The program objectives include all requirements of the national certifying body (syllabus, curriculum, etc.).	____	____
	c. Staff and students are aware of the program's objectives.	____	____
	d. There is evidence of an effective process for review and revision of program objectives.	____	____
C.2 STUDENT EVALUATION ***Basis of Accreditation: Part I, C.2***	a. There is evidence of an effective process for evaluating the students' success in meeting the objectives of the didactic segment.	____	____
	b. The evaluation process assesses students' clinical competency during and at the end of training.	____	____
	c. There are clearly defined criteria for assessing clinical competency.	____	____
	d. There is evidence that students are adequately prepared to sit the certification examination.	____	____
D PROGRAM STRUCTURE AND DELIVERY ***Basis of Accreditation: Part I, D***	a. The length of the didactic and clinical segments are appropriate in relation to the program's objectives.	____	____
	b. The curriculum includes an educationally valid sequence of courses and learning activities at an appropriate depth and competency level in relation to the program's objectives.	____	____
	(Cont'd)		

SUMMARY OF PROGRAM ASSESSMENT (DIDACTIC SEGMENT AND TOTAL PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment of the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
D PROGRAM STRUCTURE AND DELIVERY (Cont'd) ***Basis of Accreditation: Part I, D***	c. There is evidence of effective program delivery.	____	____
	d. There is evidence of an effective process for curriculum review and revision.	____	____
E DIDACTIC/ CLINICAL INTEGRATION ***Basis of Accreditation: Part I, E, H.2***	a. There is evidence of effective mechanisms to ensure the relevance of the didactic education to current clinical practice.	____	____
	b. There is evidence of effective mechanisms to correlate the clinical education with the didactic segment.	____	____
	c. There is evidence of effective mechanisms to coordinate the clinical rotations to ensure a consistent learning opportunity for each student.	____	____
F PROGRAM DIRECTION/ COORDINATION ***Basis of Accreditation: Part I, F***	a. The responsibility for program direction/coordination at the didactic site is clearly defined and documented.	____	____
	b. The staff responsible for program direction/coordination have appropriate qualifications and experience.	____	____
	c. The responsibilities for program direction/coordination are communicated effectively to all program participants.	____	____
	d. There is evidence that the stated responsibilities for program direction/coordination are fulfilled.	____	____
G DIDACTIC PROGRAM STAFF ***Basis of Accreditation: Part I, G***	a. The didactic staff have appropriate qualifications and experience.	____	____
	b. There is evidence of relevant and adequate staff professional development in recent years.	____	____
	c. There is evidence that the didactic staff are up to date with current clinical practice.	____	____

SUMMARY OF PROGRAM ASSESSMENT (DIDACTIC SEGMENT AND TOTAL PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment of the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
H STUDENT SAFETY ***Basis of Accreditation: Part I, H.4; Part II***	a. Adequate and appropriate safety instruction is provided to students.	____	____
	b. There are policies and procedures to ensure student safety in laboratories and other clinical practice areas.	____	____
I INSTRUCTOR/STUDENT RATIO ***Basis of Accreditation: Part I, I; Part II***	There is evidence that the instructor/student ratio in the didactic segment is conducive to the attainment of program objectives.	____	____
J MEDICAL INPUT ***Basis of Accreditation: Part I, J***	There is evidence of adequate medical input to the overall program.	____	____
K.1 STUDENT RECORDS ***Basis of Accreditation: Part I, K.1***	Student records are clear and comprehensive.	____	____
K.2 RECORDS OF INSTRUCTION ***Basis of Accreditation: Part I, K.2***	Course and program records are accurate and up to date.	____	____
L PROGRAM POLICIES ***Basis of Accreditation: Part I, L***	a. The program's policies are clearly documented and consistent with published information.	____	____
	b. The program's policies include mechanisms for student appeal.	____	____
	c. There is evidence of an effective process for review and revision of the program's policies.	____	____
	d. Staff and students are aware of the program's policies.	____	____

BEST COPY AVAILABLE

SUMMARY OF PROGRAM ASSESSMENT (DIDACTIC SEGMENT AND TOTAL PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment of the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
M EDUCATIONAL FACILITIES ***Basis of Accreditation: Part I, M; Part II***	a. Appropriate and adequate classroom(s), study areas(s), laboratory facilities and equipment are available for the program.	____	____
	b. Appropriate and adequate learning resources (library, texts, audiovisual aids, etc.) are available for students.	____	____
N NUMBER OF STUDENTS ***Basis of Accreditation: Part I, N***	The student enrollment is such that there is no overloading of approved clinical training positions.	____	____
O TOTAL PROGRAM EVALUATION ***Basis of Accreditation: Part I, O***	a. The program has a documented process for ongoing total program evaluation.	____	____
	b. The program evaluation process includes mechanisms for obtaining regular feedback from all program participants.	____	____
	c. There is evidence that the program evaluation process assesses the extent of achievement of the program's goals, objectives and outcomes.	____	____
	d. There is evidence that the results of program evaluation are incorporated into the decision-making process in the program.	____	____
	e. There is evidence that the program evaluation process achieves program changes in response to identified needs.	____	____
	f. The results of the program evaluation process including program changes are documented clearly and communicated to appropriate parties.	____	____

SUMMARY OF PROGRAM ASSESSMENT

_____

Clinical Segment of Program

_____

A multidisciplinary assessment form prepared by
the conjoint committees for accreditation

June 1994

SUMMARY OF PROGRAM ASSESSMENT (CLINICAL SEGMENT OF PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment for the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
FOLLOW UP FROM PREVIOUS SURVEY	Appropriate remedial action was taken on the recommendations from the previous survey report.	_____	_____
1 RESPONSIBILITY FOR THE PROGRAM ***Basis of Accreditation: Part I, A***	a. The institutional/corporate responsibility for the program is clearly defined and documented.	_____	_____
	b. Staff are aware of their responsibilities for clinical education.	_____	_____
	c. The organization chart for the program accurately describes the reporting relationships of program personnel.	_____	_____
	d. There is administrative support for the program and awareness of the program's needs.	_____	_____
2 ADVISORY COMMITTEE ***Basis of Accreditation: Part I, B.1***	There is adequate participation from this site on the advisory committee.	_____	_____
3 FACULTY LIAISON COMMITTEE ***Basis of Accreditation: Part I, B.2***	There is adequate participation from this site on the faculty liaison committee.	_____	_____
4 PROGRAM OBJECTIVES ***Basis of Accreditation: Part I, C***	a. There are documented competency-based objectives for each component of the clinical segment.	_____	_____
	b. The clinical objectives include all requirements of the national certifying body (syllabus, curriculum, competency requirements etc.)	_____	_____
	c. The clinical objectives are relevant to current clinical practice.	_____	_____
	d. Staff and students are aware of the clinical objectives.	_____	_____

SUMMARY OF PROGRAM ASSESSMENT (CLINICAL SEGMENT OF PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment for the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
5 STUDENT EVALUATION ***Basis of Accreditation: Part I, C***	a. There is evidence of an effective process for evaluating the students' success in meeting the clinical objectives.	_____	_____
	b. The evaluation process assesses students' clinical competency during and at the end of training.	_____	_____
	c. There are clearly defined criteria for assessing clinical competency.	_____	_____
6 CLINICAL EXPERIENCE ***Basis of Accreditation: Part I, D, H.2; Part II***	a. The length and objectives of the orientation period are appropriate. (if applicable)	_____	_____
	b. The length and frequency of any clinical practice/observation periods at this site scheduled during the didactic segment are appropriate. (if applicable)	_____	_____
	c. The clinical education provides adequate exposure to all technical procedures required for students to meet the clinical objectives.	_____	_____
	d. There is evidence that the time allocated to each clinical rotation is adequate for the average student to meet the clinical objectives.	_____	_____
	e. The objectives, student evaluation and program self-evaluation for outside rotations are adequate. (if applicable)	_____	_____
7 DIDACTIC/CLINICAL INTEGRATION ***Basis of Accreditation: Part I, E***	There is evidence of effective mechanisms to correlate the clinical education with the didactic segment.	_____	_____

BEST COPY AVAILABLE

SUMMARY OF PROGRAM ASSESSMENT (CLINICAL SEGMENT OF PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment for the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
8 CLINICAL COORDINATOR/ INSTRUCTOR ***Basis of Accreditation: Part I, H.1; Part II***	a. The responsibilities for clinical coordination/instruction are clearly documented.	_____	_____
	b. The clinical coordinator/instructor has appropriate qualifications and experience.	_____	_____
	c. There is evidence that the stated responsibilities for program coordination/instruction are fulfilled.	_____	_____
	d. There is evidence of relevant and adequate professional development of the clinical coordinator/instructor in recent years.	_____	_____
9 SUPERVISION OF STUDENTS ***Basis of Accreditation: Part I, H.3, I***	a. There is evidence that the staff's stated responsibilities for clinical instruction/supervision of the students are fulfilled.	_____	_____
	b. There is evidence that the staff/student ratio is conducive to the students' attainment of the stated clinical objectives.	_____	_____
	c. There is evidence of the staff's participation in the student evaluation process.	_____	_____
10 MEDICAL INPUT ***Basis of Accreditation: Part I, J; Part II***	a. The medical director/advisor's professional qualifications are appropriate to the program.	_____	_____
	b. There is evidence of the medical director/advisor's involvement in the program and accessibility to the instructor(s) and students.	_____	_____
	c. There is evidence that the medical and professional staff contribute to the program.	_____	_____

SUMMARY OF PROGRAM ASSESSMENT (CLINICAL SEGMENT OF PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment for the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
11 STUDENT SAFETY ***Basis of Accreditation: Part I, H.4; Part II***	a. There are adequate policies and procedures to ensure student safety in clinical areas.	_____	_____
	b. There is evidence that students are exposed to safe working practices.	_____	_____
12 STUDENT RECORDS ***Basis of Accreditation: Part I, K.1***	The student records are clear and comprehensive.	_____	_____
13 PROGRAM POLICIES ***Basis of Accreditation: Part I, L***	a. Program policies for the clinical segment are clearly documented and consistent with published information.	_____	_____
	b. Program policies for the clinical segment include mechanisms for student appeal.	_____	_____
	c. Staff and students are aware of the program policies for the clinical segment.	_____	_____
14 EDUCATIONAL FACILITIES ***Basis of Accreditation: Part I, M; Part II***	a. Appropriate and adequate equipment and clinical experience are available to students.	_____	_____
	b. Adequate space is available for the program.	_____	_____
	c. Appropriate learning resources (library, texts, audiovisual aids, etc.) are available for students.	_____	_____
15 NUMBER OF STUDENTS ***Basis of Accreditation: Part I, N***	The number of students placed at this site has not exceeded the number of approved clinical training positions.	_____	_____

SUMMARY OF PROGRAM ASSESSMENT (CLINICAL SEGMENT OF PROGRAM)

Major requirements of the *Basis of Accreditation*	Criteria for assessment for the program by the survey team and conjoint committee	The program meets/ exceeds the *Basis of Accreditation.*	See the narrative portion of the survey report.
16 TOTAL PROGRAM EVALUATION ***Basis of Accreditation:*** ***Part I, O***	a. There is a documented process for ongoing evaluation of the clinical education at this site.	_____	_____
	b. There is evidence that the program evaluation process is effective in achieving program changes in response to identified needs.	_____	_____
	c. There is evidence that this site's program evaluation process is integrated with the evaluation process of the didactic segment and total program.	_____	_____